DOCUMENT RESUME

ED 304 585 CE 052 129

TITLE	Basic Respite Care. Instructor's Edition. Respite Care Series.
INSTITUTION	Oklahoma State Dept. of Vocational and Technical Education, Stillwater. Curriculum and Instructional Materials Center.
PUB DATE	89
NOTE	918p.; For a related document, see CE 052 130.
AVAILABLE FROM	Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364 (Order No. HO-1021).
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF06/PC37 Plus Postage.
DESCRIPTORS	Depression (Psychology); *Emotional Disturbances; Hyperactivity; *Inservice Education; Job Training; Learning Activities; Lesson Plans; Mental Health; Normalization (Handicapped); Postsecondary Education; Residential Care; *Respite Care; Staff Development; State Curriculum Guides; Teaching Methods; Units of Study
IDENTIFIERS	Oklahoma

ABSTRACT

This teacher's guide contains 12 units designed to help teachers/trainers provide basic training for respite care providers who may be working with emotionally disturbed persons. The format of the guide includes basic components that form a unit of instruction: objective sheet, instructor's guide, instructor's supplements, assignment sheets, procedure sheets, activity sheets, test, answers to test, and evaluation forms. The unit components focus on measurable and observable learning outcomes and are designed to be used in more than one lesson or class period. The 12 units cover the following topics: plan a career in respite care; explore legal issues; apply normalization principles; assist with social and personal awareness; develop communication skills; develop behavior management skills; perform emergency skills; move and position a client; use adaptive equipment; administer medications; obtain vital signs; and assist with daily living activities. (KC)

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RESPITE CARE SERIES

BASIC RESPITE CARE

INSTRUCTOR'S EDITION

ED304585

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OKLAHOMA CIMC

Oklahoma State Department of
Vocational and Technical Education
Stillwater, Oklahoma

89-006311

HO - 1021

Basic Respite Care

Developed by the
Curriculum and Instructional Materials Center
for the division of Health Occupations
Oklahoma State Department of Vocational and Technical Education
Dr. Roy Peters, Jr., Director
Oklahoma State Board of Vocational and Technical Education
Gerald E. Hoeltzel, Chairman

89-006311

HO 1021

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Stillwater, Oklahoma 74074-4364

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BASIC RESPITE CARE

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FOREWORD

In 1988 representatives from the Curriculum and Instructional Materials Center (CIMC) of the Oklahoma State Department of Vocational and Technical Education; Positive Reflections, Inc.; Oklahoma Child and Adolescent Service System Program; Oklahoma State Department of Mental Health; and Oklahoma State Department of Human Services met to discuss developing, as a cooperative project, a course of instruction designed for training individuals to provide respite care to special needs clients.

This publication is the result of those original discussions and close coordination among parents, government agencies, volunteer groups, and educators. *Basic Respite Care* is the first in a series of competency-based training programs designed to coordinate the practical experience and knowledge needed by personnel working in respite care and the best instructional methods of those in the field of vocational education.

Although this series reflects a systematic approach to instructional materials development and the latest in educational technology innovations, the instructor should adapt and modify information in *Basic Respite Care* to coincide with local conditions and specific student/client needs.

ROY PETERS, JR., ED.D.
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PREFACE

For many years the Oklahoma State Department of Vocational and Technical Education has recognized the need for providing quality competency-based instructional materials for vocational education. Oklahoma has met the challenge by providing nationally recognized curriculum and services since 1972.

In 1988 Oklahoma's Curriculum and Instructional Materials Center (CIMC) determined a significant need for a series that would address training needs for respite care providers working with special needs clients of all ages. *Basic Respite Care* requires students to show proficiency in the basic skills and knowledge necessary for entry-level employment as a respite care provider. *Advanced Respite Care: Emotionally Disturbed* and *Advanced Respite Care: Medically Fragile* provide advanced-level training for care providers who want to work with clients that require specialized care.

At the meetings to define the training, many committee members expressed concern about the qualifications needed to be a respite care provider. In addition to the caring, professional attitude that is highly desirable for these workers, committee members expressed the need for the provider to be bondable (this implies that an application must be completed whether or not the actual bonding takes place) and to be cleared through the Social Rehabilitation Services for any charges of child abuse. The screening process for students may also consider local agency requirements. Students who are not bondable could still take the course but would not be eligible for certification; the screening process should make students aware of the situation before the course begins.

In addition to the competencies listed in the curriculum, the student will need to complete certification in the Red Cross First Aid Training, Red Cross Cardiopulmonary Resuscitation (CPR) including CPR for infants and children, and at least eight hours of de-escalation/non-violent restraint training such as "CAPE" or "MANDT." Some students may already be certified in one or more areas and need not repeat the training if their certificates are valid.

The program is intended to be available to all agencies in Oklahoma to provide training for respite care providers. The goal of this program is to provide qualified, caring individuals to work with special needs clients and to have all care providers demonstrate the competencies outlined in this program before placement with a client.

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ACKNOWLEDGEMENTS

Thank-you goes to the following ad hoc committee members who contributed their time, talents, and knowledge in determining the content of this manual:

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Danny Cavett, Chaplain at Children's Hospital of Oklahoma, Oklahoma City, and John R. McCracken, Assistant Superintendent at Hissom Memorial Center, Sand Springs, have provided invaluable help arranging video situations and arranging for our use of training videotapes.

Thank-you also to the staff of the Oklahoma State Department of Vo-Tech, to Dr. Roy Peters, Jr., Director, to Dr. Charles O. Hopkins, Assistant State Director, and to Sheila Stone, who led the curriculum staff during the development of *Basic Respite Care*.

Technical writers who worked on this manual are Sarah Cloud, Marta Garrett, Jerry Weir, and Jack Wiley. Word processing technicians who prepared the manuscript include Mary Ann Houston, Jana Straka, Kim Taylor, and Brenna Tillman. Gina Lauer copyedited many of the units. Michelle Sharp prepared the desktop publishing version.

Directed by art manager Bob Davis, artists who prepared most of the illustrations for this manual are Gary Bradley, Roger Drake, Kim Hale, Kathryn Moore, Suzanne Morris, Robert Randall, and Scott Stone. Media specialists Dana Cole, Tom Fields, and Perry Thoele took most of the photographs and videos for this manual. Other illustrations and photographs are courtesy of the organizations and institutions indicated in various credit lines.

USE OF THIS PUBLICATION

INSTRUCTIONAL UNITS

Basic Respite Care contains twelve instructional units. This format includes basic components that form a unit of instruction: objective sheet, instructor's guide, instructor's supplements, transparency masters, information sheet, student supplements, assignment sheets, procedure sheets, activity sheets, test, and evaluation forms. Depending on the specific objectives, any given unit of instruction may or may not include transparency masters, supplements, assignment sheets, procedure sheets, or activity sheets.

All of the unit components "zero in" on measurable and observable learning outcomes. When applicable, units include activities that use the affective domain. Instructors may supplement, personalize, localize, and motivate with these materials to develop a complete teaching/learning process.

Designed to be student centered and instructor facilitated, each unit of instruction is for use in more than one lesson or class period. Through the individualized study guide and the pretest, a student may receive credit for prior knowledge and experience. The instructor's guide presents teaching suggestions for use in either group or individual study.

The instructor will need to decide methods of presentation and demonstration to meet the needs of students. Careful study of each unit of instruction will help the instructor plan the presentations:

- How to use materials for independent study
- Amount of material to cover in each class period
- Skills — Supplies and equipment needed
  Amount of class time needed for demonstrations
  Amount of practice needed
- Supplementary materials, such as pamphlets or videos, to order
- Resource people to contact

Objective Sheets (white pages)

Each unit of instruction is based on the knowledge and skills needed for successful employment in an occupational area. Objectives are stated in two forms: unit objectives stating the subject matter to be covered in a unit of instruction, and specific objectives stating the performance necessary to reach the unit objective. Because the objectives of the unit provide direction for the teaching/learning process, teachers and students must have a common understanding of the intent of the objectives. Each student should have a copy of the objective sheet to refer to throughout the teaching/learning process. This will help answer any questions concerning performance requirements for each instructional unit.

The objectives can also help determine teaching strategies and instructional methods. Prepare for each unit by deciding how each objective can best be taught, depending on individualized or class instruction. Instructors should feel free to modify, delete, or add objectives to meet the needs of the students and community. If there are changes in the objectives, the instructor should supply the additional information, assignment, procedure, or activity sheets, and criterion test items.

Instructor's Guides (white pages)

The instructor's guide contains a list of the unit contents, suggested activities for individualized and group instruction, and unit resources.

The suggested activities include a guide to help instructors plan their presentation of the unit. Reading the suggested activities before teaching the unit allows time to obtain supplemental materials and audiovisuals and to contact outside resources. Instructor duties will vary according to the particular unit and whether the material is to be presented to a group or individualized.

References listed in the instructor's guide are those used in the development of the unit. The instructor may use the references to supplement knowledge of the subject area or to guide students with particular interests or occupation objectives in the area covered.

Instructor's Supplements (white pages)

This component includes the pretest, answers to pretest, individualized study guide, and any additional material that would be utilized by the instructor to prepare for teaching the unit. The pretest helps meet the needs of individual students. Through the pretest, students can receive credit for previously gained knowledge or skills that meet the criteria or standards for quality and then use that instructional time to gain new information and skills.

Transparency Masters (white pages)

Instructors may share copies of transparency masters with students for their future reference.

Information Sheets (green pages)

The information sheet provides "must know" content essential for meeting the objectives of the unit. The information is keyed to the specific objectives. Boxed items contain "nice-to-know" information and are not on the tests. The information sheet may also include "Notes," "Cautions," or "Warnings"; discuss these carefully and thoroughly.

Notes are short verbal additions to the information sheet or procedural outline that provide nice-to-know and decision-making information. A note may tell the student what to watch for or to consider at a given step. It may explain when a step may not be applicable. Notes offer guidance that may help the student understand the process and do it more efficiently.

Cautions are advisories that tell how to avoid damage to equipment or facilities.

Warnings are advisories that tell the student how to avoid personal injury or death to the student, persons in the workplace, or users of the project or the procedure.

Student Supplements (green pages)

Student supplements include material that provides additional information for understanding the topic but does not have direct application to specific objectives.

Assignment Sheets (tan pages)

Assignment sheets provide written exercises for instruction and practice of a specific objective. The introduction to the assignment sheet explains how the assignment sheet relates to the subject area and unit objectives and may provide instructional information or refer students to another component for such information.

Assignment sheets are intended to provide students with practice in exercising higher-order thinking skills. Often, assignment sheets will contain case studies or story problems or other situations in which the student must analyze the circumstances and determine correct responses.

Procedure Sheets (blue pages)

Procedure sheets are another important segment of a unit of instruction. The procedure sheets provide a list of equipment, tools, and materials needed to complete a manipulative or psychomotor skill. They describe a step-by-step procedure to complete each task or job. Diagrams, photographs, and illustrations assist students in achieving the skill.

The instructor should demonstrate the procedures outlined in each procedure sheet. Furthermore, the instructor needs to localize the procedure according to the equipment and supplies available in the local lab or practicum situation. Procedure sheets also furnish potential employers with a picture of the skills being taught and the performances they might reasonably expect from a person who has had this vocational instruction.

The instructor or a designated examiner should evaluate the procedure sheet performance. The student is either proficient or not. All procedures are to be evaluated, and students must be proficient in all procedures to receive certification in *Basic Respite Care*. Evaluation forms are included at the end of the unit for documenting the procedure.

Activity Sheets (tan pages)

The purpose of activity sheets is to provide activities not directly in support of any one objective but which support several objectives or seek to influence the student's beliefs, attitudes, or appreciation of the study area.

Activity sheets vary greatly in their number and design from unit to unit. Some deal with the student attitudes and beliefs. These may ask rather personal questions and are not intended for review by anyone other than the student. Some activity sheets require the student to make written or oral reports. Other activity sheets may require the student to monitor his or her beliefs or other variables over a period of time and may have application in more than one unit.

Tests (yellow pages)

The test provides criterion-referenced evaluation on every objective listed in the unit of instruction. Note that both the paper/pencil and performance objectives must be evaluated. The written part tests students' understanding of the information sheet and assignment sheet objectives. The performance part tests students' ability to perform the procedures. The instructor may individualize the performance part as needed.

Performance tests may be conducted throughout the training program, as soon as the student is ready, and documented on the evaluation forms.

Answers to Tests, Assignment Sheets, Activity Sheets (pink pages)

Answers to tests, assignment sheets, and activity sheets assist the instructor in evaluating student performances.

The student must achieve 80 percent on each written objective and satisfactorily complete each procedure to pass the unit. A score of 80 percent overall is **not** acceptable. The student must prove competency in **each** objective.

Evaluation Forms (white pages)

Evaluation forms, whether filed out by an industry representative or the instructor, help standardize testing and reduce subjectivity. They document completion of the requirement and should be maintained in the student files.

METHODS OF DISSEMINATING MATERIAL

For best results, provide student materials for each student. Student materials contain everything but the tests and the answers to assignment sheets, activity sheets, and tests.

TEACHING METHODS

Keeping students motivated is a challenge. Supplement the objectives by providing the "why," personal experiences, and current information. If you are going to teach the material in a group setting, prepare for each unit by deciding the best way to teach each objective and allow for student input. If you are going to follow the plan for individualized instruction, provide opportunities that will allow each student to become involved in planning for and being responsible for his or her own education.

COMPETENCY PROFILES

A competency profile is available for each CIMC publication. Competency profiles document student performance. The profile contains a list of the specific job competencies that a student should achieve before leaving the training program. Profiles should be distributed to students as required.

CORRECTIONS AND SUGGESTIONS

The Curriculum and Instructional Materials Center (CIMC) wants to provide vocational instructors and students with materials that are accurate and effective. Although the CIMC strives to maintain the highest standards of development and production, oversights occasionally do occur. If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. One easy way of pointing out errors is to make a photocopy of the affected page and to indicate the correction on the copy. Mail this information to the CIMC, where it will be used to correct the publication before the materials are reprinted.

To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

Curriculum and Instructional Materials Center
Oklahoma State Department of Vocational and
Technical Education
1500 West Seventh Avenue
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OBJECTIVE SHEET

BASIC RESPITE CARE
PLAN A CAREER IN RESPITE CARE

INTRODUCTION

Respite care is short-term care provided for a disabled individual.

As a respite care provider, you will be working with people of all ages who have unique needs. For example, you may be working with a child or an older person who needs supervised care because of a mental or physical disability.

Members of your client's family need to feel comfortable in leaving their special-needs person in your care while they seek activities to improve the quality of their lives. Your role as a respite care provider is to provide quality care that will reassure your client and your client's family while enhancing the life of the special needs person.

Not everyone can provide that quality care. Many people can give the mechanical kind of care needed by special clients. Not everyone, however, can share another's feelings or show unselfish concern for another's welfare. For a person with those qualities, providing respite care can be very satisfying. The demand for such a provider is great.

UNIT OBJECTIVE

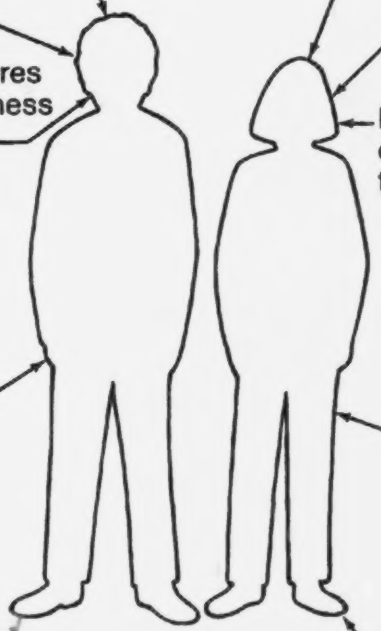
After completing this unit, you should be able to apply knowledge about the philosophy of respite care and the role of a respite care provider to your personal and employment goals.

SPECIFIC OBJECTIVE

After completing this unit, you should be able to

1. State the role of a respite care provider.
2. Name and explain qualities or characteristics needed by a respite care provider.
3. Name public and private sources of respite care job placement in your state.

Wanted: The Ideal Respite Care Provider



Hair: Neat, clean

Eyes: Watchful, kind; alert for danger

Nose: Never interferes with personal business of client's family

Ears: Alert for danger; never out of earshot of client

Mouth: Tactful, courteous, cheerful, thoughtful

Hands: Gentle, supportive, helpful

Clothing: Clean, appropriate

Feet: Always close to client; wearing shoes that do not restrict ability to lift client

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Transparency masters

  Transparency Master 1 — Wanted: The Ideal Respite Care Provider

  Transparency Master 2 — Résumé High Points
- Information sheet
- Student supplements

  Student Supplement 1 — Terms Associated with Respite Care

  Student Supplement 2 — Oklahoma Resources for Information About Respite Care Providers

  Student Supplement 3 — Respite Information Contacts by States

  Student Supplement 4 — Prepare a Résumé

  Student Supplement 5 — Write a Letter of Application

  Student Supplement 6 — Completing a Job Application Form

  Student Supplement 7 — Preparing for an Interview

  Student Supplement 8 — Writing a Follow-up Letter

- Assignment sheets

  Assignment Sheet 1 — Explore Career Opportunities

  Assignment Sheet 2 — Identify Public and Private Agencies that Affect Respite Care

- Answers to assignment sheets

- Activity sheets

  Activity Sheet 1 — Evaluate Personal Health and Grooming Habits

  Activity Sheet 2 — Assess Personal Characteristics

  Activity Sheet 3 — Determine Appropriateness of Provider Actions

  Activity Sheet 4 — Outline Personal Goals and Form a Plan of Action

- Test

- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  NOTE: Some instructors may prefer to use the student supplements related to job hunting as a separate unit at the end of the course. In some schools a counselor covers this material with all students.

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.

  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

  3. Arrange for guest speakers.

- Invite speakers from various profit and nonprofit agencies to discuss the programs their agencies sponsor. Cover programs for all ages and disabilities.

  EXAMPLES: Invite representatives from hospitals, home-health-care agencies, senior citizen groups, Association for Retarded Citizens (ARC), Department of Human Services (DHS), summer camps or weekend retreats for special-needs people.

- Invite a parent of a child with special needs to speak to the class about the value of respite care and what the parent expects from a respite care provider.
- Arrange for the school counselor to discuss how to get a job.
- Ask the personnel director of a respite care agency to discuss what characteristics an employer looks for in a respite care provider and how applicants can convey to prospective employers that they have these characteristics.
- Arrange for a business and office instructor to discuss letters of application and follow-up letters.
- Arrange with the hiring official at your school to role-play interview situations.

4. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

1. Films, videotapes, and other media

   a. *Respite Care: Who Needs It?* Video sent with instructor material for this book shows disabling conditions, equipment used, and daily life patterns of disabled persons.

   NOTE: The following media are available to Oklahoma teachers on a free-loan basis. They may order from the Curriculum and Instructional Materials Center, Media Resource Center, Oklahoma State Department of

Vocaional and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 740074-4364.

Out-of-state teachers may order from the addresses listed with the media.

b. *Access*. Color, 23 minutes, 1980. Polymorph Films, 118 South Street, Boston, MA 02111. Film looks at the lives of two individuals who are overcoming emotional and physical problems to become contributing members of their communities.

c. *Johnny Lingo*. 1/2" VHS, color, 24 minutes, 1969. Brigham Young University, Jacob's House, Media Marketing, Provo, UT 84602. Filmed in Hawaii, this timeless Polynesian love story shows the importance of self-worth.

d. *Good Grooming*. Color, 28 minutes, 1976. National AV Center, 8700 Edgeworth Drive, Capitol Heights, MD 207433701. This film explains how neatness, cleanliness, and appearance contribute to getting a job, keeping a job, and earning promotions.

e. *Personal Grooming and Hygiene*. Color, 15 minutes, 1982. National Educational Media, 21601 Devonshire Street, Chatsworth, CA 91311. This film illustrates the most important hygiene and grooming principles such as bathing and the use of deodorants; dental, hair, and nail care, and dress.

2. *Critical Steps of Job Interviewing* — Program that includes one teacher manual, one 1/2" VHS videocassette, and six audiotapes. Designed to help students develop basic interviewing skills, this program includes programmed reading exercises, listen/respond exercises, and structured role-plays. The program is available for purchase from the Oklahoma State Department of Vocational and Technical Education, Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

3. Pamphlets

NOTE: These pamphlets or similar ones are available from the nearest state employment agency.

a. "How to Get and Hold the Right Job"

b. "How to Prepare Yourself for Job Interviews"

c. "How to 'Sell Yourself' to an Employer"

4. Information about different respite care occupations

   - Include current editions of the *Dictionary of Occupational Titles* (DOT) and the *Occupational Outlook Handbook*, both published by the U.S. Department of Labor.

   - Write to the following organizations for information on all health careers:

     Bureau of Health Manpower Education
     Information Office
     National Institutes of Health
     9000 Rockville Pike
     Bethesda, Maryland 20014

     National Health Council, Inc.
     1740 Broadway
     New York, New York 10019

5. Transparencies and competency profiles

   NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

  1. Modify presentation to accommodate special-needs students.

  2. Plan presentations to take advantage of student learning styles.

3. Provide students with objective and individualized study guide form.

4. Pretest qualifying students: administer written test and interview students to assess student competencies.

5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

    c. Indicate on the study guide reading and study assignments. Include media.

    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

    - Put up posters, charts, etc. that emphasize characteristics needed by a respite care provider.

    - Have articles, pamphlets, and other information about respite care available for student use.

    - Display posters, pamphlets, articles, books, and other information about getting and keeping a job.

3. Introduce unit.

    - Discuss unit introduction on the objective sheet.

    - Give students the Student Supplement 1, Terms Associated with Respite Care; discuss the terms used for the respite care "cast of characters."

    - Ask students to imagine themselves as primary caregivers for young children and to think what their lives would be like if they never had some time to themselves or time alone with their spouses. Then have students imagine what it would be like to be primary caregiver for a person with a mental or physical disability; ask if their needs for getting away are any different in the two scenarios.

    - Point out the continuing need for respite care. Young children without disabilities become independent as they grow up, but children with disabilities may need special care all their lives.

    - Show film *Access*. Discuss how a respite care provider can help someone who is recovering from a debilitating disease or severe injury.

4. Discuss unit objective.

5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheets.

   a. Discuss Objective 1 as an overview of being a respite care provider.

      - Discuss different types of respite care and advantages and disadvantages of each. Point out that there is no one type that is ideal for all clients. Ask students when clients would benefit most from in-home respite care, from out-of-home respite care.

      - Have a guest speaker from an agency that provides services for disabled persons; have speaker address clients' needs for respite care.

      - Show *Respite Care: Who Needs It?*

   b. Discuss Objective 2, qualities or characteristics needed by a care provider.

      - Ask the personnel director of an agency that hires respite care providers to talk with students about what characteristics an employer looks for in an employee and how applicants can convey to prospective employers that they have these characteristics.

      - Have students complete Activity Sheets 1-3.

      - Point out that these activity sheets do not receive a grade; their purpose is for student self-awareness.

      - Show film *Personal Grooming and Hygiene* to illustrate the importance of good grooming and hygiene in getting a job.

      - Point out that even though many of the situations in Activity Sheet 3 may not be mentioned by your client's primary caregiver or agency, some of the actions endanger the health or safety of the client, some are a form of stealing from the employer, some are violations of confidentiality, some are merely tactless, and some go "beyond the call of duty" and help build rapport between provider and client.

- Have students view *Johnny Lingo* to make the point that the respite care provider can influence how their clients feel about themselves.
- Have students role-play some of the situations in Activity Sheet 3, including the caregiver's response when learning of the provider's actions.

c. Discuss Objective 3.

- Discuss Student Supplements 2 and 3. Point out students can find out more information about respite care in a particular state by contacting the developmental disability council of that state.
- Provide information about your state's career opportunities in respite care. Include such information as funding sources, wages, philosophy, mission, education requirements, licensing or certification requirements, types of services available, etc.
- Have students complete Assignment Sheets 1 and 2.
- Invite the school counselor to meet with class members to discuss how to get a job.
- Discuss Student Supplements 4-8. Stress the need to be organized when job hunting.
- Show Transparency 2 when discussing résumés.
- Invite a business and office instructor to discuss letters of application with the class.

- Provide blank application forms from local businesses or agencies, and let students practice completing them.

- Stress that the tone of voice used when telephoning for an interview may determine the employer's first impression.

- Show film and videocassettes *Critical Steps for Job Interviewing* to help students practice for job interviews.

- Ask the school counselor or the official at your school who interviews prospective employees, to role-play in your class with students to practice their interviewing skills.

- Discuss types of questions that should not be asked during an interview. Following the adage that "forewarned is forearmed," suggest that students decide before an interview whether or not they would feel comfortable answering these questions and if not, how they could respond without reflecting a defensive or belligerent attitude.

- Point out that some students may take a flippant attitude toward planning for the future but that most successful people do not achieve their goals with only good luck. Most plan how to achieve their goals and then work hard to achieve them.

- Compare working toward one's career goals with taking a car trip to a new destination. If you want to drive to a particular destination but do not know how to get there, you consult a map or ask someone who has been there; then you plan your route. To achieve your career goals, you find out as much as you can about the field; then you plan your route to get there.

- Have students complete Activity Sheet 4. Point out that Activity Sheet 4 has no "right" or "wrong" answers; this planning activity helps students realize that they do have much control over their futures.

7. Give test.
8. Reteach and retest as required.
9. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCE

Duncan, Betty. *Allied Health Careers.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1987.

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SUPPLEMENT 1

Pretest

Name____________________________**Score**____________

1. Write a short paragraph explaining respite care and the role of a respite care provider.

2. Identify three local programs or agencies that provide referral services or employment opportunities for people who have completed the respite care provider's training.

3. Provide short answers to the following questions.

   a. What are the educational and licensing requirements for a respite care provider in your local area?

b. What are the wages for a respite care provider?

c. What personal characteristics are most important for a respite care provider?

4. Write a short paragraph discussing the importance of a positive self-image for a respite care provider.

SUPPLEMENT 2

Answers to Pretest

1. Respite care is usually defined in a manner to convey that respite care providers offer time off or relief for the caregivers from the daily demands of caring for a disabled or special member of the family.

   The role of the provider is to provide care needs as outlined by the family, professional team, agency, etc. The role must change to adapt to the needs of the family and individual involved in respite care.

2. **NOTE:** The answers will vary from state to state. The list given is appropriate for Oklahoma.

   - Department of Human Services (funds four programs that employ respite care providers: Foster Care Provider, Habilitation Aide, Respite Care Provider, and Homemaker)
   - OASIS (Oklahoma Areawide Service Information System), a statewide information and referral system of both public and private providers of services for the handicapped
   - Home health care agencies
   - Public school classroom aides
   - Convalescent care centers

3. a. The instructor should verify the requirements according to the program, agency, area, and state. Educational and licensing requirements may vary further according to the level of respite care needed. In most states the agency has the responsibility to educate and license or certificate its workers.

   b. Minimum wage and higher, depending on the agency, level of care provided, and whether care is in a specialty area such as medically fragile or emotionally disturbed.

   c. Characteristics should reflect a positive self-image, an interest in the field, and the ability to serve people.

4. Positive self-image encourages persons to recognize their ability to take charge of their lives, to make decisions and plans that will help them be successful in meeting challenges and reaching their goals.

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about planning a career in respite care. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with an asterisk on this individualized study guide.

Req. Comp.

_____ _____ **Read** objective sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and study requirements with your instructor.

OBJECTIVE 1

_____ _____ **Read** "Terms Associated with Respite Care," Student Supplement 1.

_____ _____ **Watch** film *Access* or ________________

_____ _____ **Study** the Information Sheet on the role of a respite care provider.

NOTE: To check for competency in this objective, you must state the role of a respite care provider.

OBJECTIVE 2

_____ _____ **Study** qualities or characteristics needed by a respite care provider.

NOTE: To check for competency in this objective, you must state five qualities/characteristics needed by a respite care provider and explain how each quality or characteristic helps the worker provide quality respite care. To show mastery in this objective, you must correctly state and explain 5 of the 15 qualities or characteristics.

Req. Com.

____ ____ **Watch** film *Personal Grooming and Hygiene* or ______________________.

____ ____ **Complete** Activity Sheet 1, "Evaluate Personal Health and Grooming Habits."

____ ____ **Watch** video *Johnny Lingo* or__________.

____ ____ **Complete** Activity Sheet 2, "Assess Personal Characteristics."

____ ____ **View** Transparency 1.

____ ____ **Complete** Activity Sheet 3, "Determine Appropriateness of Provider Actions."

OBJECTIVE 3

____ ____ **Read** Student Supplements 2 and 3.

____ ____ **Complete** Assignment Sheet 1, "Explore Career Opportunities."

____ ____ **Complete** Assignment Sheet 2, "Identify Public and Private Agencies that Affect Respite Care."

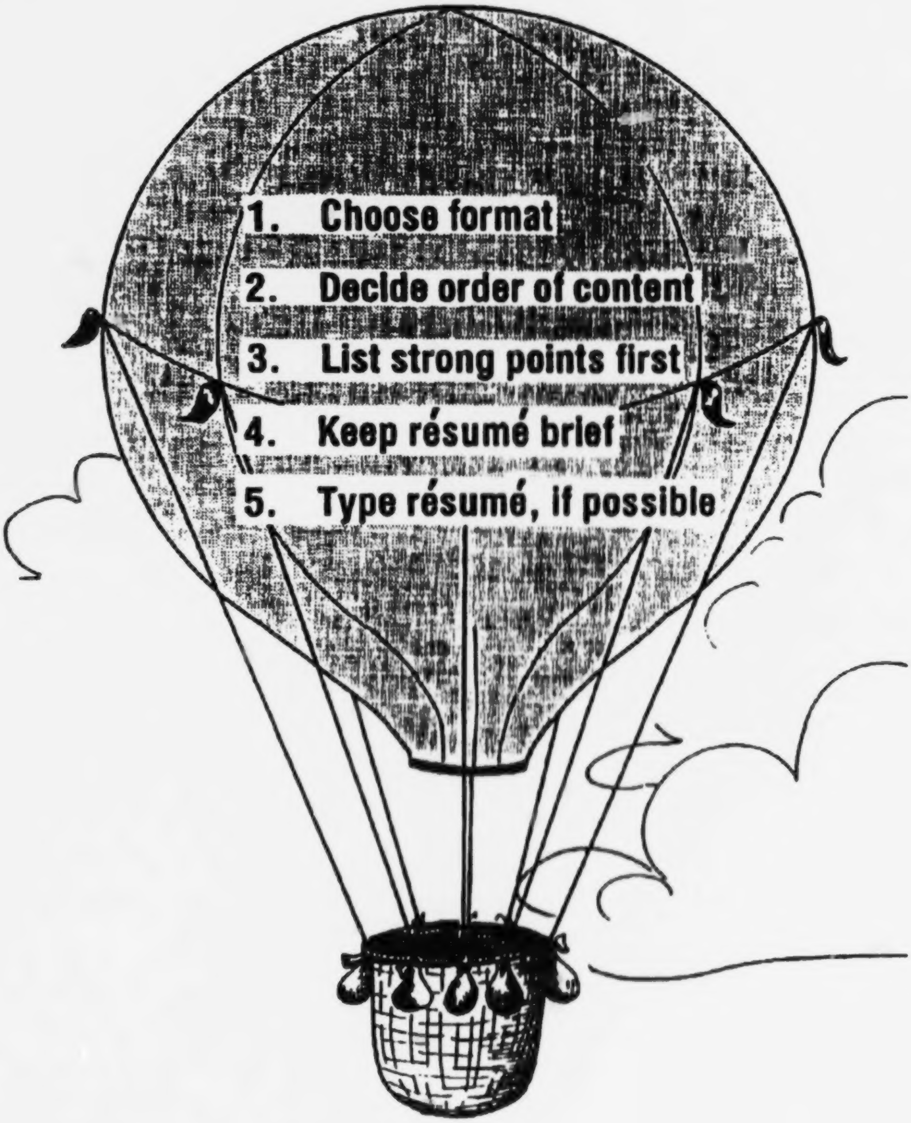
NOTE: To check for competency in this objective, you must name one public and one private source of respite care job placement in your state.

____ ____ **Complete** Activity Sheet 4, "Outline Personal Goals and Form a Plan of Action."

____ ____ **Read** Student Supplements 4-8.

	Req.	Com.	
	____	____	**Watch** *Critical Steps of Job Interviewing.*
UNIT REVIEW	____	____	**Review** unit and assignments.
	____	____	**Complete** test.
	____	____	**Discuss** test results with your instructor.
	____	____	**Complete** additional study requirements listed below.
			________________________________
			________________________________
			________________________________
	____	____	**Proceed** to next study assignment:
			________________________________

Résumé High Points



1. Choose format
2. Decide order of content
3. List strong points first
4. Keep résumé brief
5. Type résumé, if possible

OBJECTIVE 1

State the role of a respite care provider

What does a respite-care provider do?

The main responsibilities of the respite care provider are to

- **Ensure client safety at all times**
- **Follow the care plan as closely as possible**

  NOTE: Special documentation is necessary to keep the family and professional team informed if respite care deviates from the care plan.

- **Assist with activities of daily living**

  EXAMPLES: Preparing meals

  Giving medications

  Feeding, toileting (including diaper changes), bathing, dressing the client

  Providing recreational activities

  Handling emergency procedures (the provider must be certified in CPR and in first aid)

Specialized Training

The training program for basic respite care cannot cover all the possible positions or adaptive equipment. The provider may learn individual care for a specific client on the job.

EXAMPLE: A client may require a special position or adaptive silverware for eating. The primary caregiver should instruct the provider in any client-specific techniques or equipment before leaving the client with a new provider.

Advanced training programs for specialized area such as caring for medically fragile or emotionally disturbed clients are also available.

Respite care generally falls into one of two types according to where the care is given: in the client's home or in a location other than the client's home.

In-home respite care

In-home respite care may consist of ...

- Homemaker service
- Sitter/companion service
- Informal support with both caregiver and provider present in home
- Formal helping network of relatives, friends, or neighbors who are trained and paid to provide respite care

In-Home Respite

Advantages

1. Client is in familiar surroundings
2. Specialized wquipment is at hand
3. No transportation of client is needed
4. Same provider may be able to care for nondisabled siblings of client
5. Cost is relatively low compared iwht institutional cost

Disadvantages

1. Clients with extreme disabilities may not recieve the specialized care they need
2. Provider is not closely supervised; quality of care is difficult to monitor
3. Provider must have liability insurance that concerns medications and the potential for abuse
4. Provider generally must provide own transportation to client's home
5. Individual care can be more expensive than noninstitutional group care

Out-of-home respite care

Out-of-home respite care may consist of ...

- Care in the home of a volunteer or paid provider who may be a licensed foster parent, part of a licensed family or parents' cooperative, or a relative, friend, or neighbor of client
- Group day care
- Residential respite care
- Regular residential programs
- Crisis nursery or emergency respite care
- Generic community programs that provide respite care as a secondary function

Out-of-Home Respite Care

Advantages

1. A setting other than the home expands the client's knowledge of the world
2. Client will usually be with more people than just the provider and will develop greater interpersonal skills
3. Providers may have specialized training to deal with extremely disabled clients
4. Noninstitutional group care generally costs less per client than in-home care
5. Quality of care is easier to monitor in group settings

Disadvantages

1. Client often has less personal attention
2. Client must be taken to the care site
3. Less-normalized environment may be upsetting to some clients
4. Families may not want to leave young children in unfamiliar surroundings
5. Institutional care generally costs more than in-home care or noninstitutional group care

Who Benefits?

The **primary caregiver** benefits from time away from the responsibilities of caring for a disabled person. The primary caregiver can use the respite time to keep appointments, go to meetings, take a vacation, spend time with other family members, go shopping, or just attend to the daily activities necessary to care for a family. Respite care reduces stress on the caregiver, enabling the caregiver to return with renewed energy and dedication.

The **client** benefits from respite care. A respite care provider attends solely to the needs of the client, and that special attention enhances the client's self-worth. Contact with someone other than the caregiver of family members provides variety for the client and broadens the client's knowledge of the outside world.

The **family** as a unit and as individual members benefit from respite care. The client's siblings and parents can renew their relationships without the stress of caring for the special needs of the client.

OBJECTIVE 2

Name and explain qualities or characteristics needed by a care provider

Getting along with others Business people say that the most important characteristic for success on the job is getting along with the people you work with. A friendly personality will help the respite care provider communicate well with clients, families, and agencies.

Professional attitude Professionalism includes promoting a positive image of the respite care provider through professional appearance, interest in people, positive self-image, respect and interest in your work, and promotion of your career field in general.

Good health Good health is essential for persons working in any health-care field, but most people do get sick occasionally. You must use common sense when deciding whether you are too ill or incapacitated to complete an assignment; such common sense not only is important for your well-being but is vital to the health of a disabled client. Be aware when your physical, mental-health, or stress-related problems could affect your ability to take care of others properly and safely.

> EXAMPLES: A common cold could be very harmful to a client already weakened by a debilitating disease.
>
> Working with someone who requires physical lifting or control could be difficult if your arm or leg is in a cast.

> **CAUTION**
>
> **NEVER** take alcohol or drugs before going on duty. Your client's life and your life would be at risk!

Responsibility You should know the duties of your job, perform them to the best of your ability, and know when to seek additional help or resources to solve a problem.

Trustworthiness Leaving a loved one in the care of a stranger is extremely difficult for a family. You must establish rapport with the family so that they will feel comfortable leaving you in charge. You must recognize confidential information and treat it accordingly. Do not discuss the personal matters of your client or your client's family with anyone else, not even your family or close friends.

Reliability Keep appointments for respite care and be on time.

Courtesy You are representing your profession and are expected to be kind, understanding, and civil at all times to clients, their families, and your co-workers.

Flexibility Your position as a respite care provider may mean constant change in assignments. You may have different clients, different environments, and different duties from day to day and from week to week. You will need to adapt quickly and confidently to various situations.

Cheerfulness The ideal respite care worker has a pleasing personality, good humor, and optimism.

Thoughtfulness Doing a good job and handling a situation are easier if the respite provider is considerate and helpful to clients, families, and co-workers.

Honesty Honesty is essential in a respite worker. Often left alone with a client in the client's home, the respite worker must remember the difference between "mine" and "yours."

Maturity Actions, not age, reflect maturity. Without a direct supervisor on the scene, the respite provider must constantly make decisions about activities and their safety. The ideal provider is actively involved with the client, acting as an even-tempered, creative social director, not a passive television-watcher.

Positive self-image When you decide to pursue a career in respite care, set your goal, and plan how to achieve your goal, you will feel good about yourself and your abilities to take charge of your life. That feeling will show in a positive self-image.

Empathy The capacity to experience another person's feelings and emotions as if they were your own is a desirable trait of a respite care provider.

Altruism A provider who has an unselfish concern for the client will find providing respite care a very satisfying job.

Other____

SUPPLEMENT 1

Terms Associated with Respite Care

Client — Person who has a physical or mental disability and who receives respite care

Primary caregiver — Person who has the main responsibility of providing care for a disabled individual; primary caregiver is often a natural or foster parent, spouse, or other relative of the client

Respite care — Temporary care given to a disabled or ill individual so that the family or primary caregiver can pursue other activities

Respite care provider — Person who gives temporary care to an ill or disabled individual

Sibling — Brother or sister

SUPPLEMENT 2

Oklahoma Resources for Information About Respite Care Providers

The following list includes agencies that can supply information about respite care in Oklahoma.

OASIS (Oklahoma Areawide Services Information System)
P.O. Box 26901
Oklahoma City, OK 73190
1-800-24-OASIS
(OKC Metro 271-6302)

Oklahoma Developmental Disabilities Planning Council
Oklahoma Department of Human Resources
Box 25352
Oklahoma City, OK 73125
(405) 521-3571

Positive Reflections, Inc.
6441 N.W. Grand Blvd.
Suite 402
Oklahoma City, OK 73116
(405) 843-9114

SUPPLEMENT 3

Respite Information Contacts by State

The National Information Center for Handicapped Children and Youth (NICHCY) publishes a state resource sheet for each state. The sheet lists agencies that can provide information about handicapped children and youth in your state.

National Information Center for Handicapped
Children and Youth
1555 No. Wilson Boulevard
Suite 700
Rosslyn, VA 22209
(703) 893-6061

You can obtain additional information by contacting your state council on developmental disabilities. The following directory lists those councils by state or territory:

Alabama Developmental Disabilities Planning Council
P O Box 3710
Montgomery, AL 36193-5001
(205) 271-9278

Alaska Governor's Council for the Handicapped and Gifted
600 University Avenue, Ste C
Fairbanks, AK 99701
(907) 479-6507

Arizona Governor's Council on Developmental Disabilities
1717 W Jefferson
P O Box 6123
Phoenix, AZ 85005
(602) 255-4049

Arkansas Governor's Developmental Disabilities Planning Council
4815 West Markham Street
Little Rock, AR 72201
(501) 661-2399

California State Council on Developmental Disabilities
1507 21st Street, Room 320
Sacramento, CA 95816
(916) 322-8481

Colorado Developmental Disabilities Council
4126 South Knox Court
Denver, CO 80236
(303) 761-0220 x 332

Connecticut Planning Council on Developmental Disabilities
90 Pitkin Street
East Hartford, CT 06108
(203) 725-3829

Delaware Developmental Disabilities Planning Council
Priscilla Building
156 S State Street
P O Box 1401
Dover, DE 19901
(302) 736-4456

District of Columbia Developmental Disabilities Planning Council
First & Eye Streets, SW
Washington, DC 20024
(202) 727-5930

Florida Developmental Disabilities Planning Council
1317 Winewood Boulevard, Building 1, #309
Tallahassee, FL 32301
(904) 488-4180

Georgia Council on Developmental Disabilities
878 Peachtree Street NE, 6th Floor
Atlanta, GA 30309
(404) 894-5790

Guam Developmental Disabilities Planning Council
c/o Life Skills Center
284 East Hospital Loop
Tamuning, GU 96911
(809) 646-8691

Hawaii State Developmental Disabilities Planning Council
State Dept of Health
P O Box 3378
Honolulu, HI 96801
(808) 548-8482

Idaho State Council on Developmental Disabilities
450 West State
Boise, ID 83720
(208) 334-4408

Illinois Governor's Planning Council on Developmental
Disabilities
840 S Spring Street
Springfield, IL 62706
(217) 782-9696

Indiana Governor's Planning Council on Developmental
Disabilities
117 East Washington Street
Indianapolis, IN 46204
(317) 232-7820

Iowa Governor's Planning Council on Developmental
Disabilities
Dept. of Soc Svs/Div. of MH/MR/DD
Hoover Building, 5th Floor
Des Moines, IA 50319
(515) 281-3758

Kansas Planning Council on Developmental Disabilities
State Office Building, 5th Floor
Topeka, KS 66612
(913) 296-2608

Kentucky Developmental Disabilities Council
Bureau of Health Svs
275 East Main Street
Frankfort, KY 40621
(502) 564-7842

Louisiana State Planning Council on Developmental Disabilities
721 Government Street, #202
Baton Rouge, LA 70802
(504) 342-6804

Maine Developmental Disabilities Council
State Office Building STA 40
Augusta, ME 04330
(207) 289-3161

Mariana Islands, Commonwealth of Northern Developmental Disabilities Agency
Dept of Education
Saipan, CM 96950

Maryland Developmental Disabilities Council
201 W Preston Street, Room 429
Baltimore, MD 21201
(301) 225-5077

Massachusetts Developmental Disabilities Council
One Ashburton Pl, Room 105A
Boston, MA 02108
(617) 727-6374

Michigan State Planning Council on Developmental Disabilities
Lewis Cass Building, 6th Floor
Lansing, MI 48926
(517) 373-6443

Minnesota Governor's Planning Council on Developmental Disabilities
101 Capitol Square Building
550 Cedar Street
St Paul, MN 55101
(612) 296-4018

Mississippi Developmental Disabilities Planning Council
1102 Robert E Lee Building
Jackson, MS 39201
(601) 359-1290

Missouri Planning Council for Developmental Disabilities
2202 Missouri Boulevard
P.O. Box 687
Jefferson City, MO 65102
(314) 751-4054

Montana Developmental Disabilities Planning and Advisory Council
25 South Ewing, Room 506
Helena, MT 59620
(406) 444-6825

Nebraska Governor's Planning Council on Developmental Disabilities
301 Centennial Mall S
P.O. Box 95007
Lincoln, NE 68509
(402) 471-2330

Nevada Developmental Disabilities Council
505 E King Street, Room 502
Carson City, NV 89710
(702) 885-4440

New Hampshire Developmental Disabilities Council
9 South Spring, Suite 204
Concord, NH 03301
(603) 271-3236

New Jersey Developmental Disabilities Council
108-110 N Broad Street
CN 700
Trenton, NJ 08625
(609) 292-3745

New Mexico Developmental Disabilities Planning Council
440-B Cerrillos Road
Santa Fe, NM 87503
(505) 827-7371

New York State Developmental Disabilities Planning Council
Empire State Plaza
Agency Bldg 1, 10th Floor
Albany, NY 12223
(518) 474-3655

North Carolina Council on Developmental Disabilities
325 N Salisbury Street
Albemarle Building, Ste 616
Raleigh, NC 27611
(919) 733-6566

North Dakota Developmental Disabilities Council
State Capitol Building
Bismarck, ND 58505
(701) 224-2970

Ohio Developmental Disabilities Planning Council
Dept of MR/DD
30 East Broad Street, #1020
Columbus, OH 43215
(614) 466-5205

Oklahoma Developmental Disabilities Planning Council
Box 25352
Oklahoma City, OK 73125
(405) 521-3571

Oregon Developmental Disabilities Council
2575 Bittern Street, NE
Salem, OR 97310-0520
(503) 378-2429

Pennsylvania Developmental Disabilities Planning Council
569 Forum Building
Harrisburg, PA 17120
(717) 787-6057

Puerto Rico Developmental Disabilities Council
Box 9543
Santurce, PR 00908
(809) 722-0590

Rhode Island Developmental Disabilities Council
600 New London Avenue
Cranston, RI 02920
(401) 464-3191

American Samoa Developmental Disabilities Council
P.O. Box 3492
Pago Pago, American Samoa 96799
(684) 633-2397

South Carolina Developmental Disabilities Council
1205 Pendleton Street, Room 404
Columbia, SC 29201
(803) 758-8016

South Dakota Office of Developmental Disabilities
Kneip Building
Pierre, SD 57501
(605) 773-3438

Tennessee Developmental Disabilities Planning Council
505 Deaderick Avenue, 4th Floor
Nashville, TN 37219
(615) 741-1742

Texas Planning Council for Developmental Disabilities
118 East Riverside Drive
Austin, TX 78704
(512) 445-8867

Trust Territories of the Pacific Developmental Disabilities Council
MacDonald Memorial Hospital
KOROR
Palau, WCI 96940

Utah Council for Handicapped and DD Persons
P.O. Box 11356
Salt Lake City, UT 84147
(801) 533-6770

Vermont Developmental Disabilities Council
103 S Main Street
Waterbury, VT 05676
(802) 241-2612

Virginia Developmental Disabilities Council
Dept. of MH & MR
P.O. Box 1797
Richmond, VA 23214
(804) 786-5313

Virgin Islands Developmental Disabilities Planning Council
P.O. Box 2671
Kings Hill
St. Croix, VI 00850
(809) 772-2133

Washington State Developmental Disabilities Planning Council
MS:GH-51
9th and Columbia
Olympia, WA 98504
(206) 753-3908

West Virginia Developmental Disabilities Council
DD Services State Health Dept
State Capitol
Charleston, WV 25305
(304) 348-2276

Wisconsin Council on Developmental Disabilities
P.O. Box 7851
Madison, WI 53707
(608) 266-7826

Wyoming Developmental Disabilities Planning Council
1604 Capitol Avenue, Room 520
P.O. Box 265
Cheyenne, WY 82003-265
(307) 632-0775

SUPPLEMENT 4

Prepare a Résumé

INTRODUCTION

Your résumé represents you on paper. A prospective employer's first impression about you may come from your résumé. That impression may determine whether or not you get an interview. The purpose of a résumé is to interest employers in meeting you.

A good résumé gives an employer a summary of your accomplishments, educational background, work experience, skills, and job objective. In short, a résumé tells what you can do for the company.

Using the following guidelines, prepare a résumé to be included with a letter of application. You may develop your résumé to respond to a particular ad in a newspaper.

GUIDELINES

- Inspect several résumé formats and choose one that best fits your needs, or use the example at the end of this supplement as a guide.
- Type your résumé on 8 1/2-by-11-inch white paper. Try not to exceed one page, but try to fill the page.
- Phrase your résumé concisely, but avoid abbreviations.
- Spell correctly. Many employers will not consider hiring a person whose résumé contains misspelled words.
- Put your name prominently at the top center or upper left-hand corner of the page. Beneath your name, give your full street address, city, state, zip code, telephone number with an area code, and a number where messages can be accepted.
- Do not include birthplace, age, health, height, weight, sex, marital status, salary, or reasons for leaving a job. Avoid mentioning religious and political affiliations. Do not include a photo.

  NOTE: There is little chance of discrimination if you do not include this information in the résumé. However, if you think that adding any of the above information would benefit you, you may do so.

- Describe your job objective or career goal briefly. Do not restrict yourself to a specific job unless you are quite experienced.

- Accent the positive. If you have limited work experience, list education before work experience; if you have more than one year of work experience, list the experience first.

- Describe your educational background, giving dates of enrollment, diplomas received, names of schools attended, and major area of study. If you include school grades, be sure that they are related to the job you have in mind; include grade average if it is favorable. Mention any related courses, summer school courses, workshops, or scholarships.

- List past employment, starting with the most recent job. Include the name of the company, your job title, your major duties and responsibilities, and the beginning and ending dates for each job.

  NOTE: Examine all the jobs you have done, including extracurricular activities. Concentrate on the skills. Do not categorize "summer jobs"; list them like any other jobs.

- List skills useful to the job. Use action words to indicate the specific tasks that you performed, initiated, directed, or planned. Remember that you have to prove your value to the employer, especially if you have little experience.

- If there is room, include relevant hobbies, interests, extracurricular activities, clubs, or honors received.

- List or be ready to list at least three persons whom you have asked to give you a positive recommendation.

  NOTE: Have a completed list of names, addresses, and telephone numbers of references. Be sure that you have received permission from these persons and that they will give you a recommendation. Use business references, teachers, and character references. Avoid listing relatives unless you have actually worked for them on a salaried basis.

CONFIDENTIAL

Kelly Morrow

Address	Present 127 E. Beacon Yourtown, Yourstate 74034 (555) 567-2898 Permanent Same
Job Objective	Respite care provider
Education	Yourtown High School, Yourtown, Yourstate 1983-1987 Progress Vocational School, Yourtown, Yourstate, 1988 Certificate: Basic Respite Care Provider Grade average: 3.6 on a 4.0 scale
Work Experience	Mercy Clinic, Yourtown, Yourstate May 1987-August 1988 Duties: Making appointments, typing records, greeting patients The Coffee Pot Cafe, Yourtown, Yourstate June 1985-April 1987 Duties: Recording customer orders, operating cash register, ordering supplies
Special Skills	Type 60 words per minute, operate cash register, file records, update information
School Activities	High school orchestra, President of Pep Club, HOSA, voted "Most Congenial" member of 1988 Senior Class
Outside Interests	Folk tales/storytelling for nursing homes, youth groups Sign language
References	Furnished by letter upon request

SUPPLEMENT 5

Write a Letter of Application

INTRODUCTION AND GUIDELINES

The letter of application is a sales technique to tell an employer how your abilities will be useful to the company. The letter should specify your qualifications while the résumé gives general background information.

In this exercise you will write a letter of application to go with your résumé. Select an ad from your local paper and write a letter to apply for the job it advertises.

Form and appearance

- Type or write neatly in black ink.
- Write on only one side of the paper.
- Avoid smudges and typographical errors.
- Use 8 1/2-by-11-inch white bond paper, not personal or fancy paper.
- Spell, capitalize, and punctuate correctly.
- Include your full name, permanent address with zip code, and the correct date on the letter.
- Put employer's full name, title, and address on the letter.

Content

- Write to a specific person, and use that person's correct title.
- Attract reader's attention in opening paragraph.
  EXAMPLES: Dear Employer:

  My experience volunteering in a nursing home might be of interest to you.

  Dear Employer:

  Have you wished that you had a respite care provider who can entertain both young and elderly clients with folk tales? I might be the one.

- State the position for which you are applying.
- State reason for your interest in the job.
- Cover all points requested in the advertisement in exactly the order they appeared.
- Be brief; avoid needless details; refer only briefly to main points covered in the résumé.
- Mention that persons listed as references have given their permission to be contacted.
- Request an interview at employer's convenience; tell where you can be reached, and indicate that you will telephone the next week to arrange for an interview.
- End the letter appropriately.

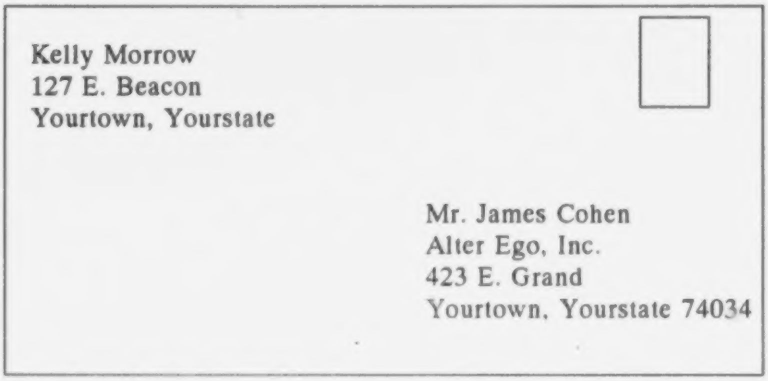
  EXAMPLES: "Sincerely yours"
  "Very truly yours"

- Handwrite your signature in black ink.
- Staple letter to résumé.

  NOTE: Your letter and résumé may be circulated among several people. The letter and résumé may become separated if they are not stapled together.

Envelope

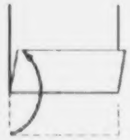
- Address a legal-sized envelope, typing the employer's address exactly as it appears on the letter.



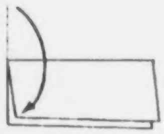
Kelly Morrow
127 E. Beacon
Yourtown, Yourstate

Mr. James Cohen
Alter Ego, Inc.
423 E. Grand
Yourtown, Yourstate 74034

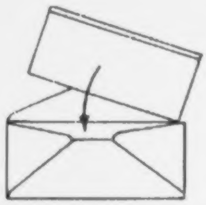
- Fold letter and attached résumé.
  1. Fold slightly less than the bottom third of the letter toward the top.



  2. Fold down the top third of the letter to within 1/2 inch of bottom fold.



- Insert a self-addressed envelope inside the folded letter.
- Insert the letter of application, the résumé, and the self-addressed envelope inside the main envelope; put the first crease toward the bottom of the envelope.



Follow-up

- Follow up by telephone a week later to request an appointment.
- Keep in touch with the company regarding current and future openings.

SUPPLEMENT 6

Completing a Job Application Form

INTRODUCTION

Many companies have their own application forms, and many companies use standard forms. Although the forms may look different, they all ask for information about you, your education, and your work experience. Some of the forms may ask how you found out about the job opening.

Application forms should not ask questions—such as marital or family status, nationality, age, race, religion—that might be a basis for discrimination in hiring. However, many older forms still contain such questions. If you do not wish to answer those questions, write "NA" or "NOT APPLICABLE" in the blanks.

Some companies have applicants fill out application forms before an interview, and some companies give out the forms during the interview to be filled out at home and returned later. Some general guidelines apply to filling out all application forms.

GUIDELINES

- Be prepared to fill out the application form at the company; take pen, pencil, copies of your résumé, and your list of references.
- Look over entire form before starting to write; note whether information is to printed, handwritten, or typewritten.
- Practice answering the questions on a blank sheet of paper (or photocopy of the form) before writing on the actual application form; this may be easier to do if you are filling out the form at home.
- Do not rush.
- Follow all directions on the form.
- Write clearly, neatly, and legibly.
- Answer briefly.

- Be honest.
- Avoid cross-outs and obvious erasure marks.
- Answer all questions and fill in all blanks.

  NOTE: If questions do not apply to you or if you think they are illegal to ask before employment, write "NOT APPLICABLE" or "NA" in the space to show that you did not overlook the question.
- Include complete information; use résumé.
- Use the word "OPEN" for questions about minimum salary; most employers pay standardized rates and will not negotiate on salary.
- RECHECK application when finished.

SUPPLEMENT 7

Preparing for an Interview

The interview is your chance to shine. You have been granted an opportunity to tell an employer face-to-face what you could do for a particular company. Make the most of that opportunity!

A twenty- or thirty-minute interview could determine what you will be doing for several years. Preparing for that interview is a wise investment of your time.

Before the Interview

- Learn all you can about the company or institution
- Know what you have to offer; plan how you can emphasize your strengths
- Know why you want to work for the institution or company
- Contact people you would like to use as references for permission to do so; get their addresses and telephone numbers
- Assemble necessary papers such as a résumé, work record, references, Social Security card, temporary work permit, certificate
- Make extra copies of your résumé
- Get a pen with black ink to fill out an employment application form

  NOTE: You may be asked to fill out an application form even if you have already filled out one.
- Decide whether you would feel comfortable answering questions about such topics as marital or family status, age, race, nationality, or religion; if you would not be comfortable answering them, plan how you could respond tactfully to such questions
- Select appropriate clothing for the interview

- Get a good night's sleep the night before the interview

Telephoning for an interview appointment

Making an appointment by telephone accomplishes two things: it shows that you are interested in saving the employer's times, and it shows that you are thoughtful enough to ask for the best time for the employer to see you.

- Plan what you are going to say before you call; if necessary, write notes to yourself about the main points you want to cover
- Call during regular business hours
- Speak confidently, clearly, and distinctly
- Be courteous and businesslike

  NOTE: Remember that this call may be your first contact with the company; make that first impression a good one.

- State clearly your name and reason for calling; spell your name if necessary

  EXAMPLE: "Hello, this is Marion Moss, and I'm calling about your ad in the Daily News for a respite care provider. I would like to make an appointment for an interview."

- Ask when would be the best time for you to come for the interview
- Write down the day, time, and place of the interview
- Ask who will be conducting the interview so that you can address the interviewers by name and use the appropriate titles; write down the names
- Ask what documents—such as Social Security card, temporary work permit, certificate—you should bring to the interview
- Do not ask over the telephone how much the job pays
- Keep the conversation brief and to the point; thank the person for the appointment

Grooming and dressing for an interview

You have only one chance to make a good first impression. The way you are groomed and the clothes you choose to wear may or may not reflect the "true you," but others do form opinions of you and your work from your appearance.

- Dress appropriately for the type of job you are seeking

  NOTE: You do not need to wear a uniform to the interview even if you expect to wear one on the job.

- Wear neat, clean clothes
- Coordinate clothing colors, patterns, and fabrics suitable for your build and the shape of your face
- Be conservative and modest; avoid high-fashion items and faddish styles

  EXAMPLES: Avoid wearing unusual shoes, gaudy jewelry, sunglasses, see-through clothing, shorts, very short skirts, and jeans.

- Avoid bright or heavy makeup and strong cologne or aftershave
- Clean your nails and trim them to a moderately short length
- Wash hair and wear it in a simple style, preferably pulled away from the face

Guidelines for a successful interview

- Be clean, neat, and well-groomed
- Dress appropriately
- Arrive early
- Tell the receptionist your name, whom you are to see, why you are there, and the time of your appointment
- Be courteous and friendly to each person you contact in the office

  NOTE: The employer may ask for others' opinions of the applicant.

- Shake hands with the interviewers, greeting them by name and using appropriate titles; state your name and the job for which you are applying

  EXAMPLE: "Good morning, Mrs. Martinique. I'm Kelly Morrow, and I am here to apply for the position as respite care provider."

- Remain standing until invited to be seated
- Maintain good eye contact
- Listen attentively
- Be enthusiastic
- Maintain a composed, calm manner
- Use good posture
- Do not chew gum or tobacco; do not smoke
- Speak freely, distinctly, and to the point
- Answer questions directly and truthfully

  NOTE: Many employers ask why you left previous jobs. Try to be positive in stating reasons for leaving a former job. Avoid downgrading previous employers.

  EXAMPLE: "I did not get along well with a co-worker. After reflecting on the situation, however, I realize that I would handle things differently now. My outlook has matured a great deal since that time."

- Focus attention on your strong points, but admit your limitations honestly
- Use tact in asking for information—such as salary or promotions—that has been overlooked
- Recognize when the interview is over; thank the interviewers, reemphasize your interest in the position, and leave courteously

- Thank the receptionist

After the interview

- Write a follow-up letter, thanking the employer for the interview

SUPPLEMENT 8

Writing a Follow-up Letter

Looking for a job can be hard work. The job hunt may take several weeks or even months. After an interview, you want to keep in touch regarding current and future job openings. One way to keep your contacts alive without being a nuisance is to write a follow-up letter to the interviewer.

A follow-up letter thanks the employer for the interview and is a last bid for a job. You want to make the letter a prime example of your excellent work habits, so make it as clean, neat, and well-worded as you can.

Standards

- Type or handwrite the letter.
- Avoid spelling, typographical, punctuation, and grammatical errors.
- Make sure that the letter is clean, neat, and attractively arranged on the page.

Content

- Express appreciation for interviewer's time and interest.
- Summarize your qualifications and interest in the position.
- Include your name, address, and telephone number so that the employer can contact you easily.

Envelope

- Address a legal-sized envelope with the employer's address exactly as it appears on the letter.
- Fold the letter correctly and insert it into the envelope.
- Send the letter within a day or two after the interview.

ASSIGNMENT SHEET 1

Explore Career Opportunities

Name________________________________**Score**____________

INTRODUCTION

Once you have narrowed your career choices to a particular field, you may want to find out more information about specific occupations within that field. This assignment sheet gives you the chance to find out more about one occupation. You can also use these questions again to guide your information search about other occupations.

Respite care is a field that offers several occupations, including respite care provider, respite care supervisor, and agency administrator. In addition, a respite care provider can specialize in an area such as working with emotionally disturbed or medically fragile clients. Your own locale may have other opportunities for you to use your respite care training.

Select one respite care occupation and answer the following questions about it.

Occupation____

1. Describe the occupation.

____

____

____

2. What are the working conditions?

____

____

3. What special skills or abilities are needed on the job?

____

4. What are the training or education requirements?

____

____

5. What work experience will I need to qualify for the job?

____

____

6. What are the possibilities for advancement?

____

____

7. What income can I expect in this occupation?

____

8. What is the job outlook for this occupation?

____

____

9. What are some related occupations?

____

____

ASSIGNMENT SHEET 2

Identify Public and Private Agencies that Affect Respite Care

Name______________________________**Score**____________

INTRODUCTION

Many public and private agencies deal directly or indirectly with respite care. Some agencies...

- Train respite care providers
- Hire providers
- Provide other services to people with special needs
- Affect respite care in other ways

In this assignment sheet you will find out which agencies in your state deal with respite care. The purpose of this assignment is to help you become familiar with agencies in your own area that may affect your career in respite care.

Answer the following questions about agencies in your state.

1. What agencies train respite care providers?

   ____

   ____

2. Name agencies that hire respite care providers.

   ____

   ____

   a. Where do the providers hired by those agencies work?

      ____

      ____

   b. What duties do providers hired by those agencies perform?

      ____

3. Name agencies that provide education for people with special needs.

4. Name agencies that provide medical care to people with special needs.

5. Name agencies that provide employment opportunities for people with special needs.

6. Name agencies that provide recreational opportunities for people with special needs.

7. Name the agency that coordinates information about services to people with special needs.

ANSWERS TO ASSIGNMENTS	BASIC RESPITE CARE PLAN A CAREER IN RESPITE CARE
Assignment Sheets 1 and 2	Evaluated to the satisfaction of the instructor

ACTIVITY SHEET 1

Evaluate Personal Health and Grooming Habits

Good grooming is essential to career success. First impressions do count, and you never get a second chance to make a good first impression. Employers say that a poor personal appearance may be a major factor in not hiring a particular individual. Employers realize that employees represent the agency—both in appearance and action.

In this activity you will rate your habits that contribute to your personal health and appearance. Part I concerns general health and cleanliness. Part II concerns clothing. Part III asks you to evaluate your habits and plan how to improve those that need improvement.

PART I

1 -- Always
2 -- Most of time
3 -- Occasionally
4 -- Seldom or never

Using the scale of 1 to 4 shown in the left column, rate your personal habits of cleanliness and general health.

Do you...

1. _____ Bathe or shower at least once daily?
2. _____ Use an effective deodorant daily?
3. _____ Brush your teeth at least twice daily?
4. _____ Floss your teeth daily?
5. _____ Have a dental checkup at least once a year?
6. _____ Have regular physical checkups?
7. _____ Wash your hair at least once a week?
8. _____ Use a dandruff shampoo if you have dandruff?
9. _____ Keep your comb and brush clean?
10. _____ Use only your own comb and brush and not loan them to anyone else?

11. _____ Eat a balanced diet each day?

12. _____ Keep your fingernails clean and trimmed to a moderate length?

13. _____ Exercise regularly?

14. _____ Sit and stand without slouching?

15. _____ Get enough sleep each night?

16. _____ Avoid wearing strong perfume or after-shave? (Many scents can nauseate someone who is ill.)

17. _____ Wash your hands before preparing food?

18. _____ Wash your hands after toileting?

19. _____ Wash your hands before assisting client with mouth care or medications?

20. _____ Avoid taking alcohol or drugs before going on duty?

PART II

1 -- Always
2 -- Most of time
3 -- Occasionally
4 -- Seldom or never

Using the scale of 1 to 4 shown in the left column, rate your clothing habits.

Do you...

1. _____ Wear clothing appropriate for the occasion?

2. _____ Keep your clothes in good repair (no missing buttons, torn hems, etc.)?

3. _____ Wear clean, ironed clothing?

4. _____ Keep lint brushed off your clothing?

5. _____ Wear fresh underwear daily?

6. _____ Wear clean socks/hose every day?

7. _____ Keep your shoes brushed or polished?

1 – Always
2 – Most of the time
3 – Occasionally
4 – Seldom or never

8. ______ Replace broken shoelaces?

9. ______ Replace run-down heels on shoes?

10. ______ Wear colors that make you feel good about your self?

PART III

Review the areas that you marked with a 3, "occasionally," or a 4, "seldom or never." Plan how you can improve your habits in these areas. Use the following questions as a guide to help change a habit.

You may want to change several habits, but start with only one. When you feel comfortable practicing one new habit, begin replacing another habit. Answer these questions for the first habit you want to change.

1. What habit do you want to change?

____

2. How will you practice the improved behavior?

____

____

3. How long will you practice it? Give beginning and ending dates.

____

____

4. How will you reward yourself for completing the practice period?

____

____

____

5. What will you do if you do not complete it?

____

____

____

6. What behavior could someone else see to verify that you are practicing a new habit?

____

____

____

ACTIVITY SHEET 2

Assess Personal Characteristics

One way to assess your chances of success on the job is to rate your personal characteristics honestly and critically. The self-rating list shown below will give you some clues as to what an employer looks for in an employee. There are no "right" or "wrong" answers, just information about yourself that may affect your career success.

PART I

1 -- Excellent
2 -- Very good
3 -- Average
4 -- Below average
5 -- Needs improvement

Using the scale of 1 to 5 shown in the left column, rate your personal characteristics.

1. _____ Ability to maintain confidentiality
2. _____ Clear, well-modulated voice
3. _____ Easily controlled posture in bending, sitting, walking, and standing
4. _____ Good physical health
5. _____ Poised and well-controlled, even under difficult conditions
6. _____ Cheerfulness
7. _____ Courtesy in dealing with clients and their relatives
8. _____ Ability to understand and appreciate other people's problems and responsibilities
9. _____ Promptness and reliability in reporting to the job
10. _____ Willingness to follow the rules and regulations of the family and/or agency
11. _____ Good sense of humor—but not at the expense of others
12. _____ Cooperation with other staff members

13. _____ Enthusiasm that is sincere and contagious

14. _____ Constructive reaction to criticism

15. _____ Quick and accurate decision making

16. _____ Perseverance

17. _____ Willingness to look for opportunities to serve others better

18. _____ Exertion of positive leadership

19. _____ Freedom from prejudice

20. _____ Loyalty to supervisors and associates

PART II

Mark each blank with a "Y" for yes or an "N" for no.

1. _____ Do you do your own work and not leave it for others?

2. _____ Do you clean up after yourself?

3. _____ Do you learn names of people with whom you work as soon as possible?

4. _____ Are you a good listener?

5. _____ Do you admit mistakes without making excuses?

6. _____ Do you avoid gossip?

7. _____ Do you feel that your job is a privilege, not a right?

8. _____ Do you know your job and what is expected of you?

9. _____ Are you on the job unless excused?

10. _____ Are you on time and ready for work? (Do a full day's work for a full day's pay!)

11. _____ Do you try to avoid waste of all kinds of supplies, time?

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12. _____ Do you look for a better way to do the job?

13. _____ Do you ask questions when you need help?

14. _____ Do you do your job well?

15. _____ Do you keep promises you make to clients?

16. _____ Do you avoid comments that might upset a client?

17. _____ Do you try to establish rapport with clients?

18. _____ Do you try not to rush the client?

19. _____ Do you avoid arguing with an angry client?

20. _____ Do you recognize clients as buyers of your service and give them their money's worth?

PART III

You may want to change several habits, but start with only one. When you feel comfortable practicing one new habit, begin replacing another habit. Answer these questions for the first habit you want to change.

1. What habit do you want to change?

____

____

2. How will you practice the improved behavior?

____

____

3. How long will you practice it? Give beginning and ending dates.

____

____

4. How will you reward yourself for completing the practice period?

____

____

5. What will you do if you do not complete it?

____

____

6. What behavior could someone else see to verify that you are practicing a new habit?

____

____

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ACTIVITY SHEET 3

Determine Appropriateness of Provider Actions

A respite care worker may know how to perform many specialized tasks, be very proficient in the actual procedures, and have a thorough understanding of all the factual material from the training program. Will this person automatically be a good employee? Not necessarily. The occupation requires more of its workers than being able to recall specific knowledge such as the number of teaspoons in a tablespoon. It even requires more than being able to perform physical tasks such as transferring a client from a bed to a wheelchair.

A good respite care worker also needs a large dose of common sense, prudence, and maturity. Without these qualities, a worker could still provide safe, efficient care for a client—but the caregiver may not feel confident about leaving the client with that worker. Furthermore, the caregiver may not hire that worker again.

This activity presents some actions by a responsible worker and some actions by a worker who "hasn't a lick of common sense." Your task is to think about each action and decide whether the action is appropriate during a period of respite care.

Write a "Y" in the blank before each action that is appropriate for a worker while providing respite care. Write an "N" in the blank before each action that is not appropriate.

1. _____ Smoked on job even though provider was aware that client's family does not smoke

2. _____ Left dirty dishes from lunch

3. _____ Told a friend who telephoned that she would call her back when she was off work

4. _____ Read book while supposed to be watching client

5. _____ Helped herself to the cheesecake Mrs. Brown had prepared for her guests who were arriving that evening

6. ______ Did not show up for work or call ahead of time

7. ______ Came to work sick with the flu, needed the money

8. ______ Forgot to put medication back in the refrigerator and left it out five hours; did not tell client's parent

9. ______ Watched movie on television and forgot to give client anti-seizure medication

10. ______ Greeted client with a genuine smile

11. ______ Chatted on telephone for an hour

12. ______ Did not administer nose drops because client does not like them—even though care plan called for administration three times a day

13. ______ Had a flat tire on the way to work; as soon as he could find a telephone, provider called to say he would be late and how soon to expect him

14. ______ Told hairdresser about client's medical history and "tacky, old-fashioned" clothes in closet

15. ______ Invited boyfriend to visit her at client's home

16. ______ Crushed tablet for client who has difficulty swallowing pills

17. ______ Is habitually late to work

18. ______ Ignored parent's request to take client to the park that afternoon because provider did not want to miss her favorite lineup of soap operas

19. ______ Shampooed client's hair a day ahead of schedule because client's favorite cousin was coming to visit

20. ______ Asked client what radio station she would prefer to listen to

21. ______ Read storybook to client and his younger brother

22. _____ Used the makeup she found on the counter in the master bathroom

23. _____ Ate a chocolate candy bar in front of client who is allergic to chocolate

24. _____ Taught client how to play checkers

25. _____ Helped himself to a postage stamp whenever he needed one

ACTIVITY SHEET 4 **BASIC RESPITE CARE**
PLAN A CAREER IN RESPITE CARE

ACTIVITY SHEET 4

Outline Personal Goals and Form a Plan of Action

Most of us do not have a crystal ball to tell what the future will bring, nor do we need one. Much of our own future depends on choices and plans we make today. We can plan—and lead—our lives in such a way as to make our dreams possible.

This activity allows you to dream about your future and plan how to achieve your career goals. Answer the questions as completely as you dare.

DARE TO DREAM — AND ACT

PART I Looking Ahead

1. What would you like your occupation to be five years from now?

   ____

2. How would you spend your working days in that occupation?

   ____

   ____

3. Are the work activities those you would enjoy doing? Why or why not?

   ____

   ____

4. What kind of work satisfaction do you expect from your chosen occupation?

   ____

   ____

5. Where would you like to be living five years from now? Envision a state, city or area, and type of home.

____

____

6. How would you like to spend your leisure time?

____

____

7. What income would you need to live where you wish and to spend leisure time as you wish?

____

8. What income would you expect to have in your chosen occupation?

____

PART II Planning Ahead

1. Training/education

   a. What kind of training or education do you need to prepare for your chosen occupation?

   ____

   ____

   b. Where can you get that training or education?

   ____

   c. How long will it take?

   ____

   d. How much will it cost?

   ____

2. What activities do you need to pursue or practice to help you get where you want to be?

   a. Type ________________________________

   ____

   b. Frequency ________________________________

   ____

   c. Cost ________________________________

   ____

3. What kind of contacts do you need to cultivate? (Include trade or professional organizations and people already involved in the field.)

   ____

   ____

   ____

PART III

Getting Started

Now that you have considered where you want to go and what kind of preparation you need, you can plan how to get there.

1. List steps you can take to begin the training or education.

   ____

   ____

   ____

   ____

   ____

   ____

   ____

2. List ways you can become involved in the desired activities.

____

____

____

3. List ways to begin making the contacts you need.

____

____

____

TEST

BASIC RESPITE CARE
PLAN A CAREER IN RESPITE CARE

Name______________________________ **Score**____________

OBJECTIVE 1

State in your own words the role of a respite care provider.

____

____

OBJECTIVE 2

Name and explain five qualities or characteristics needed by a respite care provider.

a. ____

____

b. ____

____

c. ____

____

d. ____

____

e. ____

____

OBJECTIVE 3

Name one public agency and one private agency that hire respite care providers in your state.

Public____

Private____

ANSWERS TO TEST

BASIC RESPITE CARE
PLAN A CAREER IN RESPITE CARE

OBJECTIVE 1

Respite care providers offer a caregiver time away from the daily demands of caring for a disabled or special-needs client or member of the family. The provider assists the client with activities of daily living, follows the care plan as closely as possible, and ensures client safety at all times.

The role of the provider is to care for the needs of the client as outlined by the family, professional team, agency, and client. The role must adapt to the needs of the family and client.

OBJECTIVE 2

Answers may include any five qualities or characteristics such as the following (see Information Sheet for explanations)

a. Getting along with others
b. Professional attitude
c. Good health
d. Responsibility
e. Trustworthiness
f. Reliability
g. Courtesy
h. Flexibility
i. Cheerfulness
j. Thoughtfulness
k. Honesty
l. Maturity
m. Positive self-image
n. Empathy
o. Altruism

OBJECTIVE 3

NOTE: The answers will vary from state to state. The list given is appropriate for Oklahoma.

Public:
    Public school classroom aides;
    Department of Human Services (funds four programs that employ respite care providers: Foster Care Provider, Habilitation Aide, Respite Care Provider, and Homemaker)
Private:
    Home health care agencies;
    Convalescent care centers

OBJECTIVE SHEET

BASIC RESPITE CARE
EXPLORE LEGAL ISSUES

INTRODUCTION

Workers in almost every occupation are affected by federal, state, or local laws that protect employers, employees, and property. The respite care profession is no different; it is governed by regulations and policies that protect not only the client's and family's rights but also those of the respite care provider. Knowing and understanding legal issues will better prepare you to handle them when on the job. For example, did you know:

- Respite providers should carry liability insurance?
- Handicapped people have constitutional rights?
- Federal laws entitle handicapped people to special privileges?
- You must spend much of your work time writing things down?
- You are required by law to report cases of abuse, regardless of the client's age?

If some of these questions surprised you, do not feel bad. Many people are not aware of the legal matters affecting respite care providers. This unit will help make you aware of such legal issues.

UNIT OBJECTIVE

After completing this unit, you should be able to explain the legal issues pertaining to respite care. You will show competency in this area by scoring at least 80 percent on each objective.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Define legal terms.
2. Explain the importance of proper documentation in the respite care field.
3. List the information needed to report abuse.

4. List the steps for reporting abuse.
5. Explain how the respite provider must handle privileged information.
6. State the purposes of the following laws concerning the handicapped: P.L. 93-112, P.L. 94-142, P.L. 99-457, and P.L. 94-103.
7. Explain the importance of liability insurance in the respite care provider's job.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Transparency Master 1 — Steps for Reporting Abuse
- Information sheet
- Student supplements

  Student Supplement 1 — Constitutional Rights of the Handicapped

  Student Supplement 2 — Bill of Rights for Developmentally Disabled Services Division Clients

  Student Supplement 3 — Civil Liability/Lawsuits
- Activity Sheet 1 — Shop for Liability Insurance
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.

  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

3. Arrange for guest speakers.

   - Invite a lawyer to discuss confidentiality.

   - Arrange for a representative from the Department of Human Services to speak to the class about child and adult abuse.

   - Invite a medical lawyer or a lawyer who has a medical background to discuss Student Supplement 3 and liability from the respite provider's point of view.

   - Invite an insurance representative to speak about insurance needs of respite care providers.

4. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

1. Films, videotapes

   a. Student-made videotape showing how the process of reporting child abuse works (or does not work). You could have students make the videotape to illustrate what they have learned about the process of reporting abuse.

   b. Films on abuse

   NOTE: For a catalog of films concerning abuse, contact National Center on Child Abuse and Neglect; Children's Bureau; Administration for Children, Youth, and Families; Office of Human Development Services; Department of Health and Human Services; P.O. Box 1182; Washington, D.C. 20013.

2. Pamphlets

   a. "For Kids' Sake: A Child Abuse Prevention and Reporting Kit," available from Office of Child Abuse Prevention, Guidance Service, Oklahoma State Department of Health, 1000 Northeast Tenth, P.O. Box 53551, Oklahoma City, OK 73152 (405) 271-4477.

Pamphlet includes Oklahoma telephone numbers for Child Abuse Reporting Hotline (Oklahoma Department of Human Services) and for Oklahoma State Department of health, Office of Child Abuse Prevention. Kit contains facts about child abuse, reporting suspected abuse, steps to prevent abuse, and ways to get involved.

b. "Touch and Sexual Abuse: How to Talk to Your Children," available from Illusion Theater, Sexual Abuse Prevention Program, 304 Washington Avenue No., Minneapolis, MN 55401 (612) 339-4944.

c. "The Disabled Child and Child Abuse," available from National Committee for Prevention of Child Abuse, Publishing Dept., P.O. Box 94283, Chicago, IL 60690 (312) 663-3520.

3. Comic book—"Amazing Spider-Man and Power Pack on Sexual Abuse," available from National Committee for Prevention of Child Abuse, Publishing Dept., P.O. Box 94283, Chicago, IL 60690 (312) 663-3520.

4. Newspaper articles about abuse

5. Other sources of information about child abuse

   a. Catalog of materials on child abuse, its prevention, and parenting; available from National Committee for Prevention of Child Abuse, P.O. Box 2866, Chicago, IL 60690

   b. Council on Child Sexual Abuse, 708 G Street, P.O. Box 1357, Tacoma, Washington 98401

   c. Illusion Theater, Sexual Abuse Prevention Program, 304 Washington Avenue No., Minneapolis, MN 55401

6. Guidelines for workers with AIDS clients

   a. "Joint Advisory Notice: Protection against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)" Department of Labor/Department of Health and Human Services, October 19, 1987

b. "Common Questions and Answers about AIDS"
   Oklahoma State Department of Health

7. Transparency and competency profiles

   NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.
2. Plan presentation to take advantage of student learning styles.
3. Provide students with objective and individualized study guide form.
4. Pretest qualifying students: administer written test and interview students to assess student competencies.
5. Determine individual study requirements from pretest results.
6. Counsel students individually on pretest results and study requirements.
   a. Modify materials in unit or create supplementary materials for individual students as required.
   b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.
   c. Indicate on the study guide reading and study assignments; include media.
   d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

    a. Put up a bulletin board containing newspaper articles about abuse and a poster of Student Supplement 1, Constitutional Rights of the Handicapped and Student Supplement 2, Bill of Rights for Developmentally Disabled Services Division Clients.

    b. Display pamphlets, books, and other information on abuse.

3. Introduce unit.

    - Discuss unit introduction on the objective sheet.

    - Discuss your state's Good Samaritan Law if applicable.

4. Discuss unit objective.

5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheet.

   a. Discuss Objective 1.

      - Have a lawyer discuss legal terms and how they apply to respite care.

   b. Discuss Objective 2.

      - Have students brainstorm about what might happen if the respite care provider does not provide documentation for the primary caregiver concerning the client's vital signs, medication, food, reactions, or other information.

      - Discuss the need for good written records of care given to the client.

   c. Discuss Objectives 3 and 4.

      - Point out that the United States has more than one million reported victims of child abuse each year.

      - Discuss the obligation of private citizens and professionals to report abuse if they **suspect** that a child under age eighteen has been abused, neglected, or is in danger of being abused; failure to report abuse is a crime.

      - Point out that although physical abuse and sexual abuse probably come to mind first when one hears the term "child abuse," the term also involves emotional abuse and neglect.

      - Discuss adult abuse; point out that children are not the only victims of abuse.

      - Talk about the cycle of abuse: many imprisoned sexual offenders were themselves sexually abused as children; many parents who were physically or emotionally abused as children carry out the same patterns of abuse on their own children, and many adults who had been childhood victims of abuse begin abusing their elderly parents.

- Point out that every report of child abuse is a responsible attempt to help a child.
- Have students read and discuss the state's Department of Human Services policy on behavior management and mistreatment.
- Have a representative from the Department of Human Services discuss child and adult abuse.
- Show Transparency 1, Steps for Reporting Abuse.
- Have students make a videotape about reporting child abuse, to show what they have learned about how the process works.

d. Discuss Objective 5.

- Discuss problems that might occur if the respite care provider is not careful with privileged information.
- Have students read and discuss the state's Department of Human Services policy on confidentiality.
- Have a lawyer discuss confidentiality with the class.
- Point out that confidentiality protects the client and that this protection may mean that the provider will not always know if a client has a condition such as AIDS.
- Point out that the respite care agencies have legal responsibilities toward providers whose work exposes them to hepatitis B virus (HBV) or human immunodeficiency virus (HIV). Emphasize that providers should check with their agencies for further guidelines.

e. Discuss Objective 6.

- Have students determine how each of the laws concerning handicapped persons might affect respite care.

- Ask students to imagine themselves as disabled persons and to determine how each law might affect their lives.

- Discuss the Constitutional Rights of the Handicapped.

f. Discuss Objective 7.

- Have a medical lawyer or a lawyer who has a medical background to discuss Student Supplement 3 and liability from the respite provider's point of view.

- Have an insurance representative discuss the insurance needs of respite care providers, including travel insurance.

- Invite a lawyer to discuss confidentiality.

7. Give test.

8. Reteach and retest as required.

9. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

Department of Human Services Respite Care Training Packet. Tulsa, Oklahoma.

Medication Administration Training. Ada, Oklahoma: East Central University.

Public Laws 93-112, 94-103, 94-142, 99-457.

SUPPLEMENT 1 **Pretest**

Name________________________________**Score**____________

Answer all questions on a separate sheet of paper.

OBJECTIVE 1 Define: a) contract, b) liability, c) tort, d) law

OBJECTIVE 2 Explain the importance of proper documentation in the respite care field.

OBJECTIVE 3 List the pieces of information needed for reporting a case of abuse.

OBJECTIVE 4 List the steps in the process of reporting a case of abuse.

OBJECTIVE 5 Explain how the respite provider should handle privileged information.

OBJECTIVE 6 Match the purposes to the following laws concerning the handicapped; write the correct letter in the blank.

___ P.L. 94-142 A. Provides vocational rehabilitation services for the handicapped; also provides for removal of barriers from public places

___ P.L. 93-112 B. Funds universities that serve developmentally disabled people; also outlines handicapped bill of rights

___ P.L. 99-457 C. Ensures free and appropriate education for all handicapped people

___ P.L. 94-103 D. Extends rights and protections under the Education for the Handicapped Act

OBJECTIVE 7 Explain the importance of liability insurance in the respite care provider's job.

SUPPLEMENT 2

Answers to Pretest

1. a. A legal agreement made by two or more people
   b. Something for which one is responsible
   c. A wrong committed against another person or the person's property
   d. A rule made by a governing body

2. Answers should include the following

   a. Proof that an event took place
   b. Continuity of care
   c. Legal responsibility

3. a. Name, age, and gender of the abuse victim and caregivers
   b. Address, phone number, or directions to victim's home
   c. Nature and extent of the abuse, including evidence of previous abuse
   d. Current condition of the abuse victim
   e. Any other information that would be helpful in establishing the cause of the injuries and the identity of the person causing them

4. a. Gather all necessary information on the case
   b. Contact your supervisor and discuss the case
   c. Call the Department of Human Services (DHS)
   d. Submit a written report to the DHS

5. Answer should include the following

   a. Keep privileged information confidential
   b. Get written consent from the client or the client's legal guardian if you need to share privileged information with someone other than your supervisor
   c. Report some pieces of information such as cases of abuse and communicable diseases to the proper officials

6. P.L. 94-142 __C__

   P.L. 93-112 __A__

P.L. 99-457 __D__

P.L. 94-103 __B__

7. Answers should include the following

   a. Professional liability insurance protects respite providers in case of a lawsuit
   b. Carrying insurance improves your professional image

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about legal issues in the respite field. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

______ ______ **Read** objective sheet.

______ ______ **Complete** pretest.

______ ______ **Discuss** pretest results and study requirements with your instructor.

OBJECTIVE 1

______ ______ **Study** terms and definitions on Information Sheet, Objective 1.

NOTE: To check for competency in this objective, the test will present five of the terms given. To show mastery in this objective, you must correctly define four of the five terms.

OBJECTIVE 2

______ ______ **Study** the information about documentation on Information Sheet, Objective 2.

NOTE: To check for competency in this objective, the test will ask you to explain the importance of proper documentation in the respite care field. You must answer the question to the satisfaction of your instructor.

Req. Comp.

OBJECTIVE 3 _____ _____ **Study** Information Sheet, Objective 3.

NOTE: To check for competency in this objective, the test will ask you to list the pieces of information you will need to report abuse. You must list 80 percent of the information correctly.

OBJECTIVE 4 _____ _____ **Study** Information Sheet, Objective 4.

NOTE: To check for competency in this objective, the test will ask you to list the steps for reporting abuse. You must list 80 percent of the information correctly.

OBJECTIVE 5 _____ _____ **Study** Information Sheet, Objective 5.

NOTE: To check for competency in this objective, the test will ask you to explain how the respite provider should handle privileged information. You must answer the question to the satisfaction of your instructor.

OBJECTIVE 6 _____ _____ **Study** Information Sheet, Objective 6.

NOTE: To check for competency in this objective, the test will ask you to state the purposes of four laws concerning the handicapped. You must correctly state all four of the laws.

OBJECTIVE 7 _____ _____ **Study** Information Sheet, Objective 7.

_____ _____ **Complete** Activity Sheet 1.

NOTE: To check for competency in this objective, the test will ask you to explain the importance of liability insurance in the respite care provider's job. You must answer the question to the satisfaction of your instructor.

UNIT REVIEW _____ _____ **Review** unit and assignments.

_____ _____ **Complete** test.

Req.	Comp.	
____	____	**Discuss** test results with your instructor.
____	____	**Complete** additional study requirements listed below.

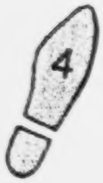
____

____

Proceed to next study assignment:

____

Steps for Reporting Abuse



Submit Written Report
to County DHS

Call County DHS

Discuss Case with Your Supervisor

Gather Information about the Case

OBJECTIVE 1

Define legal terms

Abuse — Any purposeful mistreatment of a person by another person or persons; includes not only physical abuse or deprivation but also mental and verbal abuse

Confidential — Refers to information that is known only to certain people and should not be shared with others

Contract — Legal agreement made by two or more people

I.E.P. — Individual educational plan; a document that outlines a handicapped person's educational goals and objectives and the suggested activities designed to help the person reach those goals

Law — Rule of conduct made by a governing body

Lawsuit — Legal action taken against a person (defendant) by another person (plaintiff); usually done for damages

Liability — Something for which one is responsible

Negligence — Unintentional wrong in which a person fails to act in a reasonable and careful manner and thereby causes harm to another person or that person's property; also known as *neglect*

Privileged information — Details or facts about a client or family that are confidential

Tort — A wrong committed against another person or the person's property

OBJECTIVE 2

Explain the importance of documentation in the respite care field

INTRODUCTION

As you work through this course, you will soon discover that almost everything you do while caring for a client must be written down. You must record medications taken, food and beverages consumed, vital statistics taken, and a wealth of other information.

There is not room here to indicate everything that you should document. Specific information showing what, how, and when you should document will be given later in the course. At this point, you should know that proper documentation is vital not only to the client's health and proper care, but also to your success as a respite care provider.

IMPORTANCE OF DOCUMENTATION

- **Proof that an event took place**

  EXAMPLE: If you administer a client's medication but fail to write it down, the caregiver, nurse, or doctor may have no way to know that you gave the medication. Such a mistake could be dangerous: the client may receive an extra dose of medication.

- **Continuity of care**

  EXAMPLE: The client's caregivers depend on properly documented information so that they can resume care when you leave. When everything is written, the caregivers can read the records and see where they need to pick up. If you forget to record something, the client may receive an extra snack, an unnecessary treatment, or an extra dose of medication.

- **Legal responsibility**

  EXAMPLE: A client's medical records are legal documents and are considered evidence in a court of law. By carefully documenting everything you do for the client, you are making a legal record and protecting yourself against a possible lawsuit.

OBJECTIVE 3 **List the information needed to report abuse**

INTRODUCTION

Every year thousands of people, usually the elderly and children, are abused. Many of these victims are spared further abuse because someone reported their abusers. The victims whose cases were reported are the lucky ones. Others must live with the continual suffering caused by their abusers.

If you think your client is being abused, look for some obvious signs.

EXAMPLES: Strange circular or linear red marks
Small circular scars caused by a cigarette
Burns on the feet from scalding water
Frequent and unexplainable bruises

However, these are not the only forms of abuse. Depriving a person of food, medication, or any other necessity of life is another type of abuse.

INFORMATION NEEDED

Before reporting a case of abuse, collect all of the necessary information. You will need to know

- Name, age, and gender of abuse victim and caregivers
- Address, phone number, or directions to victim's home
- Nature and extent of the abuse, including evidence of previous abuse
- Current condition of the abuse victim
- Any other information that would be helpful in establishing the cause of the injuries and the identity of the person who caused the injuries

OBJECTIVE 4

List steps for reporting abuse

INTRODUCTION

The first step toward stopping the suffering is to report the abusers. Naturally, reporting someone for abusing another person is a sensitive subject. You may feel intimidated or fearful for reporting someone, especially if it is someone who pays your salary.

State law says that not reporting a known case of abuse is a misdemeanor. Additionally, state law protects persons who report abuse by giving them immunity (protection) from civil or criminal liability.

REMEMBER

Every report of suspected abuse is a responsible attempt to help an abuse victim.

STEPS

1. Gather all necessary information concerning the case.

2. Contact your supervisor and discuss the case with him or her.

3. Call the Department of Human Services (DHS) in the county in which the abuse took place and give officials all the necessary information.

   NOTE: If you are reporting a case of child abuse, ask for Child Protective Services. If you are reporting a case of adult abuse, ask for Adult Protective Services.

4. Submit a written report containing the same information to the county DHS.

OBJECTIVE 5

Explain how respite care providers should handle privileged information

INTRODUCTION

When you provide respite for clients and their families, you are exposed to a lot of information. Not only do you know the health status and treatment of the client, but you may also know the family's financial status and personal problems.

You should consider the following types of information confidential:

- Anything concerning the client's condition or treatment, such as developmental status, educational progress, or medications
- All of the client's health records
- Information about the client's family such as economic status, family problems, phone messages

CONFIDENTIALITY

- **Keep privileged information confidential**

  NOTE: In other words, you are not allowed to disclose privileged information to anyone. If the information relates to the client's health or care, then you may discuss it with your supervisor. Otherwise, keep all privileged information confidential.

WRITTEN CONSENT

- **Get written consent from the client or the client's legal** guardian if you need to share privileged information with someone other than your supervisor

EXCEPTIONS

- **Report some pieces of information such as cases of abuse and communicable diseases to the proper officials**

  NOTE: You should be aware of the proper procedure for reporting all information to your employment agency, legal authorities, and school authorities.

Confidentiality sometimes may mean that a respite provider will not always know if the client has acquired immune deficiency syndrome (AIDS) or is infected with hepatitis B virus (HBV) or human immunodeficiency virus (HIV).

For workers whose jobs bring them in contact with blood or other body fluids, the Department of Labor and the Department of Health and Human Services recommend...

- Work practices based on the assumption that all body fluids are infectious
- Agencies have written procedures about handling body fluids, disposing of sharp objects, and wearing protective clothing
- Monitoring for HBV and HIV at the request of a worker exposed to blood or other body fluids, with full confidentiality of results
- Medical counseling for workers whose results are positive

*****

For workers who come in contact with body fluids, special precautions include...

- Frequent handwashing
- Special care with used needles
- Protecting cuts from body fluids
- Protective clothing if exposure to body fluids is anticipated
- Notification of supervisor if exposure occurs

OBJECTIVE 6 **Identify the purposes of the following public laws regarding handicapped individuals: P.L. 93-112, P.L. 94-103, P.L. 94-142, P.L. 99-457**

P.L. 93-112 **Rehabilitation Act of 1973**

- Develop and implement plans to provide vocational rehabilitation services to handicapped individuals
- Promote employment opportunities for handicapped persons
- Provide for removal of barriers in public places to handicapped persons

P.L. 94-103 **Developmentally Disabled Assistance and Bill of Rights Act of 1975**

- Provide funding to universities that serve developmentally disabled persons
- Outline a bill of rights for developmentally disabled persons

P.L. 94-142 **Education for all Handicapped Children Act of 1975**

- Ensure that all handicapped children have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs
- Assure that rights of handicapped children and their parents or guardians are protected
- Assist states and localities to provide for the education of all handicapped children
- Assess and assure the effectiveness of efforts to educate handicapped children

P.L. 99-457 **Education of the Handicapped Act Amendments of 1986**

- Extend rights and protections under P.L. 94-142 to handicapped children ages three through five in 1990-91
- Establish a new state grant program for handicapped children ages birth through two years to provide early intervention services for all eligible children

OBJECTIVE 7

Explain the importance of liability insurance in the respite provider's job

INTRODUCTION

Respite care providers carry a tremendous responsibility with their jobs. The respite provider is responsible for anything that happens to a client during respite care. For this reason, respite care providers should carry liability insurance.

WHY HAVE INSURANCE ?

- **Professional liability insurance protects respite providers in the event of a lawsuit.** Liability insurance pays the legal fees incurred during a lawsuit as well as damages.
- **Carrying insurance improves your professional image.** Your insurance shows potential clients that you are interested in your career and understand the great responsibility being placed on you.

NOTE: Before going to work for an agency, find out if it provides liability insurance. If it does not, get your own.

Buying an Insurance Policy

When you go to look for insurance, be sure to ask your agent some important questions:

- Does the agency offer an "occurrence" policy rather than a "claims-made" policy?

  NOTE: This is the most important question that you can ask. An occurrence policy covers you even after you stop paying the premiums.
- How much will this policy cost?
- How much coverage (dollar amount) does the policy provide?
- What does the policy cover?

The insurance agent will probably want to know your annual income from providing respite care and the average number of families you serve per year.

SUPPLEMENT 1

Constitutional Rights of the Handicapped

Many people believe that because handicapped people have reduced abilities, they should also have reduced rights. This belief is not only false but also discriminating.

Under the United States Constitution, the following rights apply equally to **all** persons, regardless of handicap:

- The right to freedom of speech and expression
- The right to freedom of religion
- The right to association
- The right to marry, procreate, and raise children
- The right to vote
- The right to meaningful and fair access to courts, including legal representation
- The right to contract and the right to own and dispose of property
- The right to privacy
- The right to be free from cruel and unusual punishment
- The right to equal protection and due process of law
- The right to fair and equal treatment by public agencies
- The right to an equal educational opportunity
- The right to an equal employment opportunity
- The right to have residential and educational services provided in a humane and least-restrictive environment

SUPPLEMENT 2

Bill of Rights for Developmentally Disabled Services Division Clients

- Right to services in the least-restrictive environment
- Right to normalized living conditions
- Right to dignity, respect, consideration
- Right to privacy in treatment and personal care
- Right to freedom from discomfort and deprivation
- Right to appropriate clinical, medical, and therapeutic services
- Right to vote
- Right to freedom of religion
- Right to private communication
- Right to free association
- Right to physical exercise
- Right to seasonal, clean, neat clothing
- Right to manage personal funds, or be learning to do so
- Right to retain and use their personal clothing and possessions as space permits unless to do so would infringe upon the rights of others
- Right to access public media, free from restraint, interference, coercion, discrimination, or reprisal
- Right to adequate nutrition
- Freedom from unnecessary medication and mechanical, chemical, or physical restraints

- Freedom from involuntary servitude
- Right to equal protection and due process
- Right to be transferred or discharged only for medical reasons; for his/her welfare or the welfare of other clients, for nonpayment except as prohibited by the Medicaid program, for trial leave for alternate placement if it is determined that such placement is in the best interest of the client, or if determined to be financially ineligible for services
- Right to refuse to participate in experimental research programs
- Right to be informed of their rights and responsibilities, rules, and regulations of client conduct
- Right to be informed of their medical conditions by a physician

SUPPLEMENT 3

Civil Liability/Lawsuits

INTRODUCTION

When you have completed your respite care training, you may decide to work in a sheltered workshop, work activity center, group home, or residential care facility. You need to be aware of the broad implications of liability, the legal process, and the damages that could be established by a client against you and/or the employer/facility you work for when providing care and administering medications.

Do you know...

1. The different types of civil liability that may be imposed on the facility or the individual employee or administrator of the facility?
2. The parties who may be named in a civil lawsuit?
3. The various legal bases of a civil lawsuit?
4. The type of damages that could be awarded?
5. Potential areas of civil liability and possible ways to avoid a lawsuit?
6. The steps to take when civil liability has occurred in order to mitigate the damages?
7. The procedure taken by the parties and attorneys in preparing and trying the suit?

Malpractice definition

How is the term "malpractice" defined?

Malpractice is defined as:

1. Any professional misconduct
2. Unreasonable lack of skill or fidelity in professional or fiduciary duties

3. Evil practices

4. Illegal or immoral conduct

Malpractice has historically been a legal term or art that was applicable only to doctors, health care providers, or lawyers. The principles of malpractice and general civil liability are similar.

Principles in both malpractice and civil liability

What principles are involved in both malpractice and civil liability?

1. Standards Established by Law

   Black's Law Dictionary defines standards established by law as "That of a reasonable man under the like circumstances."

2. Ethics

   Black's Law Dictionary defines ethics as "Consensus of expert opinion as to necessity of professional standards." In other words, ethics is the standard among members of a profession that involve moral and professional duties toward one another and toward their clients.

3. Fiduciary Contract

   A relationship based upon trust or confidence

4. Breach of Duty

   The neglect or failure to fulfill in a proper and just manner the duties of the profession. Every violation of a duty, whether willful or fraudulent, done through negligence, or arising through mere oversight or forgetfulness is a breach of duty.

5. Damages

   A pecuniary compensation or indemnity that may be recovered in the courts by any person who has suffered loss, detriment, or injury, whether to his person, property, or right, through the unlawful act or omission or negligence of another: in other words, a sum of money recovered to make amends for the legal wrong or injury done.

Damages sustained

What damages has the victim sustained?

Once civil liability has been established, the question then becomes: What damages has the victim sustained? In liability suits this means: How much monetary damages will the plaintiff be awarded? What are the four types of damages that may be assessed?

1. Actual Damages

   Actual damages are real, substantial, and just. The injured party is compensated for the injury sustained and nothing more; i.e., an injured worker's medical bills only are paid. Actual damages are also known as compensatory damages.

2. Consequential Damages

   Black's Law Dictionary defines consequential damages as "Damages which do not flow directly or immediately from the act of the party."

3. Nominal Damages

   A nominal sum is awarded to the plaintiff (injured party) in order to establish that his legal rights have been violated, although he, in fact, has not sustained any actual loss or injury.

4. Punitive (Exemplary) Damages

   Punitive damages are damages paid in excess of actual damages to compensate the plaintiff for the wrong done. Punitive damages are imposed in order to punish the defendant because of the particularly violent, wanton, or wicked character of his wrongdoing.

Causes of actions

What are the most common "causes of actions" (areas of liability)?

1. Lack of supervision of the client (patient, resident)
2. Lack of safe equipment (known as defects or inherent dangers)
3. Lack of safe physical surroundings (physical plant, home, etc.)

4. Physical abuse (assault and battery)

5. Improper handling of medication, improper medical care and treatment

6. Breach of contract, conversion of plant property, etc.

7. Accidents involving transportation vehicles

Avoiding lawsuits

How does one avoid the possibility of being named in a lawsuit?

There is no absolute protection. Everyone is subject to being sued. The best protection is prevention. Develop written policies, guidelines, and protocols; make all employees, staff members, and clients aware of their respective duties and responsibilities.

It is important to have complete documentation of incidents (accidents), treatment records, and progress notes. Documentation and record keeping will afford a check-and-balance system for internal review as well as provide invaluable information should a lawsuit be filed.

Records

What records should the facility keep?

The following records are suggested:

1. Written policies for employees, administrators, and clients.

   Each position at a facility should have a written job description. A handbook should be written for clients. Some facilities require that personnel and clients sign statements indicating that policies have been read.

2. Incident Report Forms

   Whenever an incident occurs at a facility, all persons who were involved (client, personnel, and even observers) should fill out incident forms in their own words. It is important to stress that the client be able to fill out his own form in his own words. These forms should be filed in appropriate files.

3. Consent Forms from Clients

   Examples of these forms are: Permitting the facility to handle the client's money, treatment of minors, etc.

4. Medical Records, if applicable

   Facilities should have, for example, copies of a client's IHP (Individual Habilitation Plan), the client's doctor's name and telephone number, and a record of what medication a client is taking.

5. Written Contracts, if applicable

   Facilities should have written contracts with the public school, Rehabilitation Services, and subcontracts with industry and other agencies.

Legal procedures in a lawsuit

What are the legal procedures taken if a lawsuit is filed?

1. PETITION. The Petition is the first legal document filed by the Plaintiff (the injured party) with the Court. The Petition sets forth the "cause of action," which is the facts and circumstances leading to the injury, the names of the defendants, those the plaintiff blames for the injury, and the amount of damages requested.

2. SUMMONS and SERVICE OF SUMMONS. The court will issue a Summons, which is an order to defendants to answer the Petition within a certain amount of time. The Summons and a copy of the Petition will be served on the defendant(s) by certified mail, the sheriff, or private process server.

3. ANSWER. The defendant(s) must respond to the Petition. The defendant may deny all the allegations in the Petition or admit certain portions of the Petition.

4. DISCOVERY. After the Petition is filed, both sides are given the opportunity to "discovery" concerning what the other side will present at the trial. Discovery will allow both parties to know what witnesses will testify at the trial, the nature of their testimony, what records or documents will be introduced into evidence, etc. Discovery may be by Deposition (sworn, oral statements recorded by a certified

shorthand reporter) or by interrogatories (sworn, written answers to written questions).

5. TRIAL. After discovery is completed, the matter will be set for trial. The trial may be to the Judge or to a jury. The Verdict or Judgment will be based upon the evidence introduced at the trial.

6. If the plaintiff prevails, the jury or the Judge will assess the amount of damages to be awarded to the plaintiff. This determination will be reduced to a Judgment: an order to the defendant(s) to pay the plaintiff a certain amount of money.

Hypothetical cases

Using the knowledge just learned, examine the following two hypothetical cases. Answer the questions that have been formed.

HYPOTHETICAL CASE I

Employee John Doe has been employed three months as a weekend house manager at the Locust Grove Group Home. He has had no prior experience working with Developmentally Disabled people. Resident George Snow is known to be aggressive, stubborn, and a bossy person. There is a personality conflict between John Doe and George Snow. Employer and administrator Roger Roe knows all of the above facts.

It is Friday, June 13, at 10:30 P.M. Clients are expected to go to bed after the 10 o'clock news. All the clients are, however, excited, because in the morning they are going to the Oklahoma City Zoo. George has become particularly excited and agitated and refuses to go to bed. He wants to see M*A*S*H. John urges George to cooperate and go to bed. The urging turns to arguing. George throws a book at John, which strikes John's head. In a rage, John hits George, which causes George to fall against a sharp-edged table. George says he hurt his arm. John does n[illegible] believe that George's arm is injured and does not take George to the emergency room.

The next morning when Roger Roe comes to the house, the clients relate what happened. Roger immediately takes George to the emergency room and has his arm examined. It is fractured. Who is liable? What type of liability? What damages, if any, could be recovered?

HYPOTHETICAL CASE II

Mary Smith is a 28-year-old adult, and she is a resident at the New Hope Group Home. Mary is an epileptic.

Jane Brown is a house manager at the group home. Jane arranged an out-of-state field trip to a Dallas Cowboys football game for the residents. Parents and/or guardians were told that the clients would be taken by Jane in the group home's van. No written consent forms were obtained. On the day of the trip, the van was out of commission; the group home administrator told Jane to use her personal vehicle. In route, Jane remembered that she had not brought along Mary's medication, but she did not return to the group home. During the trip to Dallas, a semi-truck jackknifed on the Interstate, and Jane, unable to stop, ran into the truck. Mary went into an epileptic seizure. Since Jane was not trained in medical care or first aid, she could only stand by and watch. Mary had to be hospitalized for three weeks due to the injuries sustained. Mary's parents want someone to pay for the medical expense. Who is liable?

Conclusion

Many lawsuits are filed as a result of misrepresentation, lack of communication, and the failure of the parties to understand their respective rights and duties. An immediate response to any situation that may give rise to civil liability may avoid a costly and time-consuming legal battle.

Medication Administration Training. Used with permission.

ACTIVITY SHEET 1

Shop for professional liability insurance

Name____

INTRODUCTION

As you may already know from television and newspaper commercials, many different insurance companies offer many types of insurance. Because you need a professional liability insurance policy, you should determine which one is best for you.

Shop around to determine what companies offer the best policies. Conducting an informal survey or comparison will help you learn the differences in the policies.

DIRECTIONS

Find at least three different insurance agencies that sell professional liability insurance. Gather the following information from each company. Present your information as an informal report to your instructor.

A. Name of the company

B. Types of professional liability insurance offered

C. Cost of the various policies

D. Policy coverage (dollar amount)

E. Length of coverage

F. Amount of deductible (if any)

Name______________________________ **Score**__________

Answer all questions on a separate sheet of paper.

OBJECTIVE 1 Define the following legal terms.

a. Tort

b. Lawsuit

c. Privileged information

d. Liability

e. Negligence

OBJECTIVE 2 Explain the importance of proper documentation in the respite care field.

OBJECTIVE 3 List the pieces of information needed for reporting a case of abuse.

OBJECTIVE 4 List the steps in reporting a case of abuse.

OBJECTIVE 5 Explain how the respite provider should handle privileged information.

OBJECTIVE 6 Briefly state the purposes of the following laws concerning the handicapped:

a. P.L. 94-142

b. P.L. 93-112

c. P.L. 99-457

d. P.L. 94-103

OBJECTIVE 7 Explain the importance of liability insurance in the respite care provider's job.

OBJECTIVE 1

a. A wrong committed against another person or the person's property
b. A legal action taken against a person (the defendant) by another person (the plaintiff), usually for damages
c. Details or facts about a client or family that are confidential
d. Something for which one is responsible
e. An unintentional wrong in which a person fails to act in a reasonable and careful manner, causing harm to another person or that person's property

OBJECTIVE 2

Answers should include the following

a. Proof that an event took place
b. Continuity of care
c. Legal responsibility

OBJECTIVE 3

a. Name, age, gender of abuse victim and caregivers
b. Address, phone number, or directions to victim's home
c. Nature and extent of the abuse, including evidence of previous abuse
d. Current condition of the abuse victim
e. Any other information that would be helpful in establishing the cause of the injuries and the identity of the person who caused the injuries

OBJECTIVE 4

a. Gather all necessary information about the case
b. Contact supervisor and discuss the case
c. Call the Department of Human Services
d. Submit a written report to the Department of Human Services office.

OBJECTIVE 5

Answers should include the following

a. Keep privileged information confidential
b. Get written consent from the client or the client's legal guardian if you need to share privileged information with someone other than your supervisor
c. Report some pieces of information such as cases of abuse and communicable diseases to the proper officials

OBJECTIVE 6

a. Ensure that all handicapped children have available a free appropriate public education that emphasizes special education and related services designed to meet their unique needs;

Assure that rights of handicapped children and their parents or guardians are protected;

Assist states and localities to provide for the education of all handicapped children;

Assess and assure effectiveness of efforts to educate handicapped children

b. Develop and implement plans to provide vocational rehabilitation services to handicapped individuals;

Promote employment opportunities for handicapped persons;

Provide for removal of barriers in public places to handicapped persons

c. Extend rights and protections under P.L. 94-142 to handicapped children ages three through five in 1990-91;

Establish a new state grant program for handicapped children ages birth through two years to provide early intervention services for all eligible children

d. Provide funding to universities that serve developmentally disabled persons;

Outline a bill of rights for developmentally disabled persons

OBJECTIVE 7

Answers should include the following

a. Professional liability insurance protects respite providers in the event of a lawsuit

b. Carrying insurance improves your professional image

OBJECTIVE SHEET

BASIC RESPITE CARE
APPLY THE NORMALIZATION PRINCIPLE

INTRODUCTION

There are dozens of disabilities you may deal with as a respite care provider. By studying some of the behavioral characteristics clients may exhibit, you will be better prepared to assist clients in making day-to-day life as smooth and enjoyable as possible.

UNIT OBJECTIVE

After completing this unit, you should be able to select daily activities that are appropriate and enjoyable for a specific client's needs.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Define the normalization principle.
2. Identify five major components of the normalization process.
3. Distinguish between terms relating to mental retardation and mental illness.
4. Select daily activities appropriate for client.
5. Apply the principle of normalization and least-restrictive environment to sample case studies.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Student Supplement 1 — Disabilities
- Assignment Sheet 1 — Apply the Normalization Principle
- Answers to assignment sheet
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.

  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

  3. Arrange for field trips.

     - Visit a sheltered workshop for the mentally retarded.
     - Visit a group home for the mentally retarded.

- Visit a clinic or hospital that serves the needs of the mentally ill.

- **Obtain materials needed to supplement unit.**

1. *Respite Care: Who Needs It?* Video sent with instructor material for this book shows disabling conditions, equipment used, and daily life patterns of disabled persons. (This video is the same one suggested for use with the first unit, "Plan a Career in Respite Care.")

2. Posters or other illustrations showing disabled persons functioning in mainstream society, showing what disabled persons *can* do, not what they *cannot* do.

3. Competency profiles

   NOTE: Competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.
2. Plan presentations to take advantage of student learning styles.
3. Provide students with objective sheet and individualized study guide form.
4. Pretest qualifying students: administer written test and interview students to assess student competencies.
5. Determine individual study requirements from pretest results.
6. Counsel students individually on pretest results and study requirements.

  - Modify materials in unit or create supplementary materials for individual students as required.
  - Indicate additional assignments on the study guide.
  - Return individualized study guides and provide students with supplementary materials if needed.
  - Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.
8. Evaluate and document student skills.
    - Document completion of training for successful students and direct them to next study area.
    - Retrain and re-evaluate unsuccessful students. Counsel students who are unable to complete the unit satisfactorily and make recommendations for continuing study.

- **Provide group instruction as needed.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.
2. Prepare classroom as needed.
3. Introduce unit.
    - Discuss unit introduction on the objective sheet.
    - Discuss the term "mainstream" as related to mainstreaming students in classrooms.
    - Introduce students to the term "self-fulfilling prophecy," and discuss how it relates to providing respite care.

- Point out that normalization emphasizes what clients *can* do, not what they *cannot* do. Refer to the supplements in "Explore Legal Issues" on rights of disabled persons.

4. Discuss unit objective.

5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheet.

   a. Discuss Objectives 1 and 2.

      - Point out that the normalization principle should underlie all the respite care provider's attitudes and actions toward the client.

      - Show video *Respite Care: Who Needs It?* Discuss ways to use the normalization principle with the clients shown.

      - Ask students for other examples of the major components of the normalization process.

   b. Discuss Objective 3.

      - Discuss the differences between mental retardation and mental illness.

      - Emphasize that clients who have physical disabilities do not necessarily have mental disabilities.

   c. Discuss Objectives 4 and 5.

      - Review sample activities listed; ask students for other suggestions of activities for bedridden clients, for semi-mobile clients, and for mobile clients.

      - Discuss factors that make a particular activity appropriate or inappropriate for a specific client.

- Discuss Student Supplement 1 as a background of information on various disorders and disabilities. Point out the impact these can have on daily life and the difference that a normalization approach can make.
- Discuss the disabilities that impair a client's ability to communicate his or her needs. Ask students how the normalization principle might affect that client's care.
- Have students complete Assignment Sheet 1, Apply the Normalization Principle.
- Discuss student answers to Assignment Sheet 1. Point out that there is not just one set of correct answers.
- Have students role-play situations in the assignment sheet.

7. Give test.

8. Reteach and retest as needed.

9. Complete appropriate section of competency profiles.

- **Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

SUPPLEMENT 1

Pretest

OBJECTIVE 1

Choose the best definition for the following term. Write the correct letter in the blank provided. To show mastery of this objective, you must choose the correct definition.

___ **Normalization Principle**

a. Principle that sets standards for what is normal and what is not

b. Minimal intervention into the life-styles of disabled persons

c. Effort of making the life-styles of disabled persons in mainstream society as close as possible to that of institutionalized individuals

d. Effort to make the life-styles of disabled persons as close as possible to that of mainstream society

OBJECTIVE 2

Match the following examples of normalization to their correct components. Write the correct letters in the blanks provided. To show mastery of this objective, you must correctly match 4 of the 5 components.

a = Community presence

b = Community participation

c = Skill enhancement

d = Image enhancement

e = Autonomy and empowerment

1. Mainstreaming disabled children into public schools is an example of ______ .
2. Allowing a disabled individual to make decisions about his/her own life is an example of ______ .
3. Public relations programs for the disabled are an example of ______ .
4. Providing ramps, elevators, and special parking areas is an example of ______ .
5. Special craft guilds for the disabled are designed to promote ______ .

OBJECTIVE 3

Distinguish between mental retardation and mental illness. Write "MR" in the blanks before conditions or characteristics of mental retardation, and write "MI" before examples or characteristics of mental illness. To show mastery of this unit, you must choose the correct category for 4 of the 5 terms.

___ 1. Paranoia

___ 2. Microcephaly

___ 3. Violent behavior

___ 4. Like to touch people

___ 5. Poor muscle coordination

OBJECTIVES 4 AND 5

Read the information included in the following case study and answer the questions.

July 12

Jeff is a twelve-year-old hemophiliac. He has had minor mental retardation since birth. He is very active and outgoing. He gets depressed easily because other children his own age make fun of him.

1. What are this client's strengths?

____

2. What are this client's weaknesses?

____

3. Using the principle of normalization and least-restrictive environment, what types of day-to-day activities would be appropriate for this client?

____

____

____

SUPPLEMENT 2 **Answers to Pretest**

OBJECTIVE 1

d.

OBJECTIVE 2

1. b
2. e
3. d
4. a
5. c

OBJECTIVE 3

1. MI
2. MR
3. MI
4. MR
5. MR

OBJECTIVES 4 AND 5

1. Jeff is active and outgoing. He makes friends easily. He has complete physical mobility.
2. He must be supervised on active types of recreation because he might injure himself. He has a difficult time accepting that he is different.
3. Most outdoor activities that are not on hard surfaces.

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit.

The pretest will tell your instructor how much you already know about applying the normalization principle. The pretest will not be graded. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

_____ _____ **Read** objective sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and requirements with your instructor.

OBJECTIVE 1

_____ _____ **Read** information sheet on normalization.

NOTE: To check for competency on this objective, you will have to choose the correct definition of the normalization principle from a list of four choices.

OBJECTIVE 2

_____ _____ **Read** information sheet on normalization components.

NOTE: To check for competency on this objective, you will need to match examples of normalization to their correct components. To show mastery, you must correctly match 4 of the 5 components.

	Req.	Comp.	
OBJECTIVE 3	____	____	**Read** information sheet on mental illness and mental retardation.

NOTE: To check for competency on this objective, the test will present 10 terms and you will need to match them correctly to either mental illness or mental retardation. To show mastery, you must choose the correct category for 8 of the 10 terms.

OBJECTIVE 4	____	____	**Read** the student supplement.
	____	____	**Read** information on daily activities.
OBJECTIVE 5	____	____	**Complete** the assignment sheet.

NOTE: To check for competency in Objectives 4 and 5, the test will include sample case studies similar to those included in the assignment sheet.

UNIT REVIEW	____	____	**Review** unit and assignments.
	____	____	**Complete** unit test.
	____	____	**Discuss** the test results with your instructor.
	____	____	**Complete** additional study requirements listed below. ________________________ ________________________
	____	____	**Proceed** to next study assignment: ________________________

INFORMATION SHEET	BASIC RESPITE CARE APPLY THE NORMALIZATION PRINCIPLE

OBJECTIVE 1

Define the normalization principle

NORMALIZATION PRINCIPLE

The life-style of mentally and physically disabled persons should be as close as possible to that of mainstream society. The normalization principle encourages client behaviors and experiences that are as culturally normative as possible and in the least-restrictive environment possible.

Of course, there are limitations in applying the normalization principle. Individual clients' needs and abilities as well as available resources dictate how you can apply the normalization principle. Normalization is not something you do *to* a client, but rather it is a guideline for planning and delivering services for your client.

Approaches to dealing with disabled people have changed over time. In early Greek and Roman society, infants who were perceived as different were either executed or left in the wild to fend for themselves. In later times, they were sentenced to sweat shops. In even later times they were isolated in colonies where society felt they posed no threat.

In the beginning of the twentieth century, the trend of institutionalization grew to provide therapy and education to the disabled. The institutions were overcrowded and understaffed, however, and the result was almost as cruel as the isolated colonies of earlier times.

In recent years, the movement has been away from putting disabled persons in institutions. Concentrating on the principle of normalization and least-restrictive environment, people now try to keep the newly disabled out of institutions and to mainstream—or put back into society—those who have been institutionalized.

OBJECTIVE 2

Identify major components of the normalization process

INTRODUCTION

Normalization guidelines can be divided into five major components or areas that should be as culturally normal as possible and in the least-restrictive environment possible.

1) **Community presence** — Physically integrating disabled individuals into the community

   NOTE: Physical or mental disabilities should not isolate individuals from the regular goings-on of the community.

   EXAMPLE: Making buildings accessible for physically disabled persons

2) **Community participation** — Socially integrating disabled persons into the community through personal interaction and participation

   EXAMPLE: Special Olympics

3) **Skill enhancement** — Enhancing disabled persons' skills and abilities to achieve greater independence and developmental growth

   EXAMPLE: DHS programs such as sheltered workshops or craft guilds for the disabled

4) **Image enhancement** — Building disabled persons' self-esteem and building the community's perception of disabled persons

   NOTE: A good community image will lead to better treatment and wider opportunities for disabled individuals. On the other hand, low or poor expectations for disabled persons may lead to a self-fulfilling prophecy.

   EXAMPLE: Public-relations activities, reinforced by successful community presence and participation

5) **Autonomy and empowerment** — Acknowledging that disabled persons have legal rights to make decisions affecting their own lives

   EXAMPLES: Allowing disabled persons to pick out their own clothes and to decide where to live and work

OBJECTIVE 3

Distinguish between terms relating to mental retardation and mental illness by correctly classifying them

INTRODUCTION

Mental disorders are abnormalities of the mind or intellect. Along with various emotional disorders, mental illness and mental retardation are types of mental disorders.

MENTAL RETARDATION

Mental Retardation (MR) refers to significant subaverage intellectual development, but not all MR clients are alike. They are classified based on the severity of their retardation, which is generally determined by testing the intelligence quotient (IQ). IQ testing, however, is not a foolproof method of classification. Individuals may excel in some areas even though they have a somewhat lower level of mental capacity.

MR conditions

Mental retardation may accompany many different conditions such as cretinism, Down's syndrome, hydrocephalus, or microcephaly.

MR characteristics

Certain characteristics may be common to specific forms of MR. The following list shows general characteristics that MR clients may exhibit:

Physical

Greater incidence of medical problems
Poor muscle coordination
Balance problems
Impaired hand-eye coordination
Speech impairments

Behavioral

Low frustration tolerance (gives up easily)
Dependent
Highly sensitive to others
Less inhibited (like to touch people)
Nonviolent

Intellectual

Short attention span
Difficulty in forming mental images
Difficulty in understanding abstract ideas
Deficits in memory

MENTAL ILLNESS

Mental Illness refers to a variety of conditions that may or may not be noticeable to the untrained eye. Mental illnesses, like physical illnesses, can vary in degree of severity and the impact they have on a person's daily life.

MI examples

Examples of mental illnesses:

Adjustment disorders
Autism
Conduct disorders
Personality disorders

MI characteristics

Because the forms of mental illness are so very different and often unrelated, behavioral characteristics are varied.

Physical

None specific to mental illness

Behavioral (Depends on type of mental illness)

Severely depressed
Antisocial
Paranoid
Aggressive

Intellectual

IQ may be difficult to test in some mentally ill individuals

OBJECTIVE 4 **Select daily activities appropriate for client**

INTRODUCTION

Leisure and recreation are important parts of everyday life. As a part of the **normalization principle**, leisure and recreation are a break from structured activities. Many forms of recreation can be adapted to the special needs of clients, and clients may be able to do many activities without any special adaptation.

GUIDELINES

- Learn client's choices and desires
- Learn client's individual capabilities and limitations
- Match activities to client's desires, capabilities, and age

  NOTE: Do not expect adults with limited mental capacity to enjoy children's activities.

GENERAL TYPES OF ACTIVITIES

Type of Activities	Bedridden clients	Semi-mobile clients	Mobile clients
Cards	X	X	X
Board games	X	X	X
Toys	some	X	X
Sports/ equipment		some	X
Reading material	X	X	X
Arts	some	X	X
Crafts	some	X	X
Music	X	X	X
Misc.	some	X	X

Each category of activities listed has many subdivisions that may be appropriate for different age levels or mental capacities. This list may remind you of many other activities.

EXAMPLES

Card games:
Concentration/matching
Go fish
Rummy
Solitaire

Board games:
Simple board games such as checkers
Complex board games such as chess
Dominos

Toys:

(Indoor)	(Outdoor)
Yo-yo	Kite
Jacks	Sand box with sand toys
Marbles	
Blocks	

Sports/sports equipment:
Skating
Ping pong
Swimming
Running
Balls
Slide
Horse shoe set
Jump rope
Croquet

NOTE: Many sports activities such as softball, golfing, bowling, fishing, and hunting can be adapted for individuals with special needs.

Reading Material:
Picture books
Comic books
Magazines
Newspapers
Novels/books
Crossword puzzles

Arts:
Crayons/coloring books
Finger paints
Modeling clay

Crafts:
Making holiday decorations
Crocheting
Knitting
Sewing
Putting together models
Collecting
Macrame
Weaving
Woodworking

Music:
Harmonica
Playing records/tapes
Dancing
Kazoo
Coffee can drum
Rattle
Piano
Singing

Miscellaneous:
Using a typewriter
Reading a map
Writing a letter
Going for a walk
Washing car
Baking cookies/bread
Gardening
Stamp collecting

SUPPLEMENT 1

Disabilities

INTRODUCTION

As a respite care provider, you will work with clients who have at least one disability. These disabilities are physical and/or mental abnormalities that leave the client in need of special care.

The following chart lists and defines a few of the many physical and mental disorders you may come into contact with as a respite care provider. It also provides useful information on behavioral characteristics clients may exhibit.

Disorder	Brief Definition	Origin/Cause	Behavioral Characteristics	Notes
Acquired Immune Deficiency Syndrome (AIDS)	Progressive weakening of the body's immune system	HTLV-III/LAV virus	Any of a number of illnesses	Most often transmitted through infected hypodermic needles and sexual intercourse
Adjustment disorders	Form of mental illness characterized by identifiable psychological or social source of stress		Stuttering	Related to stress
Alzheimer's Disease	Progressive degenerative disease of the brain, usually beginning in middle age; a nervous system disorder	Unknown; inheritance linked	Memory loss, paranoia, apathy, disorientation from time and place	4th leading cause of death
Aphasia	Partial or total loss of power to articulate speech	Damage of the cerebrum		Often occurs after a stroke
Apnea	Nervous system disorder characterized by interruption of the normal breathing pattern	Physical abnormality in brain, neck, chest, or back	May require monitoring during sleep	May be related to sudden infant death

Apraxia	Inability to plan and coordinate a series of physical motions even though capable of each individual motion; a nervous system disorder	Malfunction of the cerebellum	May be unable to do simple actions such as dressing or eating	May affect one or both sides of body
Arthritis	Skeletal system disorder characterized by inflammation of one or more joints	Mostly unknown	May be recurring or constant, usually accompanied by severe pain	
Articulation disorders	Partial or total impairment in the mechanical ability to form sounds		Distortion in sound, often making words unrecognizable	Often accompany hearing loss
Asthma	Chronic respiratory disorder	Allergic or infectious	May suffer from sudden attacks of difficulty in breathing	
Autism	Lack of response to external activities	Unsure	May have one or more extraordinary skills, and at the same time be unable to speak or communicate	Found mainly in children. Form of mental disorder — not always a form of mental retardation
Cataract	Area in the lens of the eye that is no longer transparent	Aging of the eye	Cloudy or double vision	95% of cataracts successfully treated with surgery

Disorder	Brief Definition	Origin/Cause	Behavioral Characteristics	Notes
Central hearing loss	Inability of the brain to recognize or interpret sound	Birth defect or injury to brain		
Cerebral palsy	Inability to control movement; a nervous system disorder	Nonprogressive brain damage	Most likely accompanied by speech disorders	May or may not also suffer from mental retardation
Colostomy and/or urostomy	An artificial opening (stoma) in the abdomen for elimination of body wastes; a disorder of the digestive tract	To repair certain birth defects or as a result of injuries or cancer	Need to empty body wastes periodically	Some foods difficult to digest
Conduct disorders	Form of mental illness characterized by patterns of behavior that include verbal and physical aggression and that can be considered disturbing to others		Bullying, fighting, temper tantrums, disobedience, irritability, resistance, lying, or stealing	
Conductive hearing loss	Partial or total blockage of sound to inner ear	Obstruction in the ear such as excess wax or disease	Tendency to speak loudly; unclear speech	May be temporary or permanent

Cretinism	Form of mental retardation characterized by stunted physical and mental development	Deficiency of thyroxin	May not learn to speak	Moderate (trainable) to severe impairment
Cystic fibrosis	Inability to process normal secretions of the respiratory tract	Inherited genetic defect	Persistent cough; may have associated digestive tract problems	No known cure
Delayed language	Language skills that develop much later		Often includes limited vocabulary and difficulty in comprehension	
Diabetes	Inability to process sugar; an endocrine system disorder	Problems of the pancreas	Distinctive mood and energy swings possible	May suffer from recurring sores on hands and feet (and buttocks if confined to a wheelchair)
Down's syndrome	Physical and mental impairment; form of mental retardation	Congenital chromosome abnormality	Usually friendly and affectionate	
Encephalitis	Inflammation of the brain; a nervous system disorder	Noncontagious virus	May have only limited movement of head and neck due to stiffness	May be a secondary complication of other more common viral infections
Epilepsy	Disorderly discharges of nerve impulses within the brain	Unknown	Seizures, blackouts, twitching of head and/or hands	Most cases controlled by prescription drugs

Disorder	Brief Definition	Origin/Cause	Behavorial Characteristics	Notes
Glaucoma	Disease of the eye characterized by increased pressure on the eyeball	Blockage or slowing of natural drainage resulting in nerve damage	Blindness or tunnel vision	#1 cause of blindness; nearly all cases treated with eye drops if detected soon enough; often associated with diabetes
Hemophilia	Circulation system disorder characterized by abnormal blood coagulation	Inherited	Excessive bleeding, poor clotting	Carried by females, but only males afflicted
Hydrocephalus	Accumulation of cerebrospinal fluid within the brain	Most often congenital	Progressive brain damage caused by increased pressure	Some normal growth after birth
Hyperthyroidism	Endocrine system disorder characterized by excess activity of thyroid gland	Unknown	Unusual sensitivity to heat, high metabolism, increased appetite, weight loss	Often accompanied by a goiter
Hypothyroidism	Endocrine system disorder characterized by deficient functioning of the thyroid gland	Unknown	Unusual sensitivity to cold, low metabolism, decreased appetite, weight gain	Called *cretinism* if it occurs before birth

Leukemia	Cancer involving blood and blood-forming tissues; circulatory system disorder	Similar to other cancers	Possible hair loss during treatment	
Meningitis	Inflammation of the membrane that covers the brain and spinal cord	Contagious bacteria that attacks the nervous system	Possible hearing, vision, and mental impairment	Most common among children
Microcephaly	Abnormally small brain and skull; form of mental retardation	Imperfect development of the cranium		
Muscular dystrophy	Any of a number of diseases of the muscular system characterized by atrophy of the muscles	Unknown, inherited	Progressive disease	No cure as of yet
Multiple sclerosis	Thickening of nerve tissue, resulting in lack of coordination and other nervous conditions	May be caused by a slow-acting virus	Progressive deterioration of muscle movement and coordination; may have blurred or double vision	Most commonly affects persons between 20-40 years of age

Disorder	Brief Definition	Origin/Cause	Behavorial Characteristics	Notes
Myasthenia gravis	Progressive muscle weakness	Believed to be caused by poor transmission of nerve impulses to muscles	Most likely will have difficulty in chewing and swallowing	May suffer from slurred speech and blurred vision
Personality disorders	Form of mental illness characterized by inflexible and maladaptive patterns severe enough to impair functioning or to cause individual distress		Paranoia, narcissism, schizophrenia, antisocialism	Life-long patterns, often recognizable by adolescence
-Plegia (Hemiplegia) (Paraplegia) (Quadriplegia)	Forms of paralysis involving one side of the body, the lower half of the body, and all four appendages respectively; nervous or muscular system disorders	Disease or injury to nerves, spinal cord or brain		Possible wheelchair confinement
Polio	Loss of nerve supply to the muscle; this is a nervous system disability, not a muscular disability	Acutely contagious	Vary depending on degree of severity when medical attention was received; may lose total muscle capability	Most commonly afflicts young children

Scoliosis	Abnormal lateral curve of the spine	Prolonged poor posture or disease that affects bones		May be corrected by training and exercises or surgery in more severe cases
Sensori-neural hearing loss	Partial loss of some sound frequencies	Permanent damage to inner ear or auditory nerve	Difficulty with high-pitched sounds such as telephone ring	Speak to client slowly and in a low tone of voice; shouting is too high of a pitch
Spina bifida	A spinal malformation; a nervous system disorder characterized by a defect in the bony encasement of the spinal cord	Congenital	Possible urine and/or bowel incontinence	May be associated with other congenital disabilities
Stuttering or stammering	Hesitation and/or repetitions of sound during speech	Emotional origin (trauma may be genetically linked)	Difficulty with consonant sounds, especially P, B, M, W	Not considered a speech disorder in preschoolers
Substance use and abuse disorders	Form of mental illness characterized by disabilities resulting from the use or abuse of mood- or behavior-altering substances such as alcohol or drugs		Blacking out	Nearly any abnormal behavior may result because of the vast number of substances that fall into this category and the severity to which they are used

Disorder	Brief Definition	Origin/Cause	Behavorial Characteristics	Notes
Tuberculosis	Infectious communicable disease that causes lung damage; a respiratory tract disorder	Inhaling diseased bacteria	May result in meningitis and other illnesses	#1 cause of death 100 years ago

ASSIGNMENT SHEET 1

BASIC RESPITE CARE
APPLY THE NORMALIZATION PRINCIPLE

OBJECTIVE 5

Apply the principle of normalization and the least-restrictive environment to sample case studies

Name_____________________________**Score**____________

INTRODUCTION

Least-restrictive environment refers to minimal intervention into normal development patterns.

Normal daily routine is not totally structured. As a respite care provider, you can select activities to make your client's developmental experiences consistent with the person's age and stage of life. Applying the principle of normalization and the least-restrictive environment will minimize the perceived differences between disabled and nondisabled individuals.

DIRECTIONS

Apply the **principle of normalization** and the **least-restrictive environment** to the following sample case studies. Read the information included in each sample study, then answer the questions to the best of your ability.

CASE STUDY 1

May 14

Miriam, a widow, is a retired grade school teacher. She suffers from painful arthritis in her shoulders and hands, diabetes, and a cataract in her left eye. She is often disoriented and forgetful. She has four children and seven grandchildren, all of whom live in other states.

1. What are the client's strengths?

Physical	Mental/Emotional
____________________	____________________
____________________	____________________

2. What are the client's weaknesses?

Physical	Mental/Emotional
____________________	____________________
____________________	____________________

3. Apply the principle of normalization and the least-restrictive environment. What types of day-to-day activities would be appropriate for this client?

____

____

____

CASE STUDY 2

June 24

John, who is forty-two years old, previously worked on an oil rig but now suffers from multiple sclerosis. He is confined to a wheelchair and has a speech articulation disorder. He is often depressed because his condition is rapidly deteriorating.

1. What are the client's strengths?

Physical	Mental/Emotional
____________________	____________________
____________________	____________________

2. What are the client's weaknesses?

Physical	Mental/Emotional
____________________	____________________
____________________	____________________

3. Apply the principle of normalization and least-restrictive environment. What types of day-to-day activities would be appropriate for this client?

____

____

____

CASE STUDY 3

December 15

Susan, the youngest of three children, is an active and inquisitive four-year-old. She has cerebral palsy and mild mental retardation. She wears leg braces, but can walk fairly efficiently. She gets frustrated easily because she has little manual dexterity.

1. What are the client's strengths?

Physical	Mental/Emotional
__________________	__________________
__________________	__________________

2. What are the client's weaknesses?

Physical	Mental/Emotional
__________________	__________________
__________________	__________________

3. Apply the principle of normalization and the least-restrictive environment. What types of day-to-day activities would be appropriate for this client?

____

____

____

ANSWERS TO ASSIGNMENT
BASIC RESPITE CARE
APPLY THE NORMALIZATION PRINCIPLE

CASE STUDY 1

1.

Physical	Mental/Emotional
Mobility	Past knowledge
Communication skills	Stability

2.

Physical	Mental/Emotional
Limited arm use	Disoriented
Poor vision	Forgetful
Diabetes	

3. She might like to dictate letters to her family, have a book read to her, or take a leisurely ride in the nearby area.

CASE STUDY 2

1.

Physical	Mental/Emotional
Limited	Normal capacity

2.

Physical	Mental/Emotional
Limited mobility	Depression
Poor communication skills	

3. This client might enjoy outdoor activities because his former job was outdoors. He also might enjoy playing cards or complex board games.

CASE STUDY 3

1.

Physical	Mental/Emotional
Active	Able to learn
Mobility	Stable

2.

Physical	Mental/Emotional
Poor manual dexterity	Low patience level

3. Perhaps this client would like to work on basic skills like alphabet or number learning songs, games, or arts and crafts such as making Christmas decorations that are not too difficult. If the weather is not too cold, she might like to play outside.

TEST

BASIC RESPITE CARE
APPLY THE NORMALIZATION PRINCIPLE

Name______________________________**Score**____________

OBJECTIVE 1

Choose the best definition for the following term. Write the correct letter in the blank provided. To show mastery of this objective, you must choose the correct definition.

___ **Normalization Principle**

a. Minimal intervention into the life-styles of disabled persons

b. Principle that sets standards for what is normal and what is not

c. Effort of making the life-styles of disabled persons as close as possible to that of mainstream society

d. Effort of making the life-styles of disabled persons in mainstream society as close as possible to that of institutionalized individuals

OBJECTIVE 2

Match the following examples of normalization to the correct component. Write the correct letters in the blanks provided. To show mastery of this unit, you must correctly match 4 of the 5 components.

a = Community presence
b = Community participation
c = Skill enhancement
d = Image enhancement
e = Autonomy and empowerment

1. The special olympics are an example of _____.
2. Allowing a disabled individual to select his or her own clothing is an example of _____.
3. Public relations programs for the disabled are an effort of _____.
4. Making buildings accessible to those in wheelchairs is an example of _____.
5. Sheltered workshops are designed to promote _____

OBJECTIVE 3

Distinguish between terms relating to mental retardation and mental illness. Write "MR" in the blanks before conditions or characteristics of mental retardation, and write "MI" before examples or characteristics of mental illness. To show mastery of this unit, you must choose the correct category for 8 of the 10 terms.

_____ 1. Autism

_____ 2. Hydrocephalus

_____ 3. Nonviolent behavior

_____ 4. Severe depression

_____ 5. Subaverage intellectual functioning

_____ 6. Dependent behavior

_____ 7. Adjustment disorders

_____ 8. Down's syndrome

_____ 9. Paranoia

_____ 10. Multiple personalities

OBJECTIVES 4 AND 5

Read the information included in the following case studies and answer the questions about each case.

CASE STUDY 1

April 22

JoAnn is twenty-six years old. An automobile accident two years ago severely injured her spinal cord. Her mental capacity was not affected by the accident, but she is now a quadriplegic. She is in a wheelchair because she has no use of her legs and arms. She has a colostomy. She has limited use of her head and neck and often tires easily.

1. What are the client's strengths?

Physical	Mental/Emotional
____________________	____________________
____________________	____________________

2. What are the client's weaknesses?

Physical Mental/Emotional

3. Apply the principle of normalization and least-restrictive environment. What types of day-to-day activities would be appropriate for this client?

CASE STUDY 2

March 12

Marianne, a former cook, is a seventy-two-year-old client with Alzheimer's disease. Her constant lapses in memory cause her to lose patience with herself and others, and she often has behavior problems because of this. She is mobile and has good vision and communication skills.

1. What are the client's strengths?

Physical Mental/Emotional

2. What are the client's weaknesses?

Physical Mental/Emotional

3. Apply the principle of normalization and least-restrictive environment. What types of day-to-day activities would be appropriate for this client?

OBJECTIVE

1. c

OBJECTIVE 2

1. b
2. e
3. d
4. a
5. c

OBJECTIVE 3

1. MI
2. MR
3. MR
4. MI
5. MR
6. MR
7. MI
8. MR
9. MI
10. MI

OBJECTIVES 4 AND 5

CASE STUDY 1

1. JoAnn has all of her mental capabilities. She can communicate her wishes and desires. Do not dwell on what she cannot do, but what she can do.

2. She has very little physical control. She needs assistance to do nearly everything; she therefore has little personal privacy.

3. Ask her what she would like to do. Suggest things that stimulate her mind and are not too tiring like crossword puzzles, reading, etc. Take special precautions with her privacy. Realize that she may be embarrassed having someone help her with daily activities she was once able to do for herself.

CASE STUDY 2

1. Marianne is able to get around and can still see, hear, and speak effectively.

2. She has memory deficits that may make it unsafe for her to do complex daily activities such as cooking. She has behavior problems.

3. Ask the client what types of things she enjoys doing. Use activities that she enjoys to reinforce good behavior. She probably would not be able to participate in activities like complex board games that require a lot of memory.

OBJECTIVE SHEET

BASIC RESPITE CARE
ASSIST WITH SOCIAL AND PERSONAL AWARENESS

INTRODUCTION

The normalization principle has forced those who care for disabled persons to realize that many of their clients can participate in activities associated with a normal life. In the past, society assumed that mentally retarded persons were not developmental human beings and that persons with mental and/or physical disabilities were not sexual beings. It has been, in fact, very difficult for family members, especially parents, to realize that their mentally retarded offspring often need the warmth and caring of a special relationship.

In this unit you will examine a topic that may be difficult and uncomfortable for you to discuss. If you find discussing sex—especially sex for disabled persons—difficult, you will convey this feeling to your client through both verbal and nonverbal behavior, especially nonverbal behavior. When you face unexpected situations while providing care, you will need to be prepared so that your reactions are appropriate. You will need to identify your own personal feelings and ideas, then develop a professional behavior that allows you to manage the situation without necessarily changing your own attitude.

PREREQUISITE

Before studying this unit, you should have successfully completed the unit "Apply Normalization Principle."

UNIT OBJECTIVE

After completing this unit, you should be able to provide your clients with the necessary information for appropriate social and personal behavior.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. List guidelines for teaching clients about social and personal awareness.
2. Provide information needed for appropriate social and personal behavior.
3. Determine actions for responding to inappropriate client behaviors.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Student supplements

  Student Supplement 1 — Why Do Mentally or Physically Disabled Persons Need Sex Education?

  Student Supplement 2 — Goals of Human Sexuality Education for Developmentally Disabled Persons

  Student Supplement 3 — Information Resource

  Student Supplement 4 — Sex Education Terms and Definitions
- Assignment Sheet 1 — Identify Appropriate Responses
- Answers to assignment sheet
- Activity Sheet 1 — Assess Personal Attitudes About Sexuality
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

NOTE: In this unit you will need to use visual materials such as books, videos, etc. to provide information about AIDS, STDs, puberty, contraceptives, manners, social skills, good grooming, etc. A list of films has been suggested, but you may already have films available that are just as appropriate. Provide the students with enough background information to ensure that they have a basic understanding of the correct information and suggestions for providing that information to their clients when necessary.

1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
3. Arrange for guest speakers.
    - Invite speakers from the county health department to discuss contraceptives.
    - Arrange for a social worker that handles the programs for the developmentally delayed clients to discuss techniques for teaching sex education to clients.
4. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

1. Films, videotapes, and other media

NOTE: These media are available to Oklahoma teachers on a free-loan basis. They may order from the Curriculum and Instructional Materials Center, Media Resource Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

Out-of-state teachers may order from the addresses listed with the media.

a. *Aids: What Every Kid Should Know.* Video, 12 minutes. Barr Films, 12801 Schabarum Ave., P.O. Box 7878, Irwindale, California 91706-7878, (818) 338-7878. Video deals with AIDS in basic terms, and shows that abstinence from sex and avoiding drug needles are ways to avoid AIDS.

b. *Aids and the American Family.* 60 minutes. Medical Action Group, P.O. Box 598, Chanute, KS 66720, 316-431-0140. Basic AIDS information.

c. *Aids: A World Wide Dilemma.* 23 minutes. Cannata Communication Corp. Houston, TX 713-748-1684.

d. *VD: More Bugs, More Problems.* Video, 20 minutes. Alfred Higgins Productions, Inc., 9100 Sunset Boulevard, Los Angeles, California, 90069. Video deals with the fact that there is a lot to know about sexually transmitted diseases, of STDs, as health professionals call them (rather than VD, for venereal disease.) Also, doctors have discovered there are many diseases that may be transmitted sexually that we did not know about before. Chlamydia, AIDS, and herpes, along with other sexually transmitted diseases that include gonorrhea, syphilis, trichomoniasis, candidiasis, crabs, and scabies are explained.

NOTE: Films *e* through *k* are available through the local health department or through the local Planned Parenthood office.

e. *Circles: Stop Abuse.* Educational program. Stanfield Publishing Co., P.O. Box 1983, Santa Monica, CA 90406, toll free 1-800-421-6534. The Circles Program teaches social distance and levels of familiarity through the use of colored concentric circles. Starting from the center circle, which is the Self, each new colored circle represents behaviors and feelings appropriate to the distance from the center or Self. For example, one may hug and kiss members of the family, people in the Blue Hug Circle, but only wave to the mailman, who would be in the distant Orange Wave Circle.

f. *Learning to Talk About Sex When You'd Rather Not.* Film, 29:40 minutes, 1983. Videos and catalog of materials for persons working with special needs clients. EDNICK Communications, Inc., P.O. Box 3612, Portland, OR 97208. The film demonstrates teaching and group facilitation skills to use in discussing the subject of sexuality and mental retardation. Four groups discuss this topic: students who are mentally retarded; parents of mentally retarded sons and daughters; operators of residential care homes; and staff members of agencies serving person with mental retardation. The film stimulates thought and discussion; it does not attempt to provide easy answers to complex issues.

g. *Sexual Abuse Prevention: Five Safety Rules for Persons Who Are Mentally Handicapped.* Film, 23:28 minutes, 1987. Agency for Instructional Technology, Box A, Bloomington, Indiana 47402-0120. Planned Parenthood Association of Cincinnati developed *Sexual Abuse Prevention: Five Safety Rules for Persons Who are Mentally Handicapped* to educate person with mental handicaps about the concept of sexual abuse, to acquaint them with situations that have potential for abuse, to equip them with information and skills to protect themselves, and to decrease the frequency of sexual abuse and exploitation of all kinds. The terms "mentally handicapped" is used here to include persons with developmental handicaps who need simple, concrete instruction.

h. *Sexuality and Aging.* Video. Sexuality & Aging, Station KUON-TV, Nebraska ETV Network, P.O. Box 83111, Lincoln, NB 68501. General background information dispels myths about sex and the elderly and discusses effects of aging on sexual relationships. Video also includes discussion of the relationship patterns and how they have evolved.

i. *Sexuality And Mentally Handicapped.* Slides. Stanfield House, 900 Euclid., P.O. Box 3208, Santa Monica, CA 94043, 213-451-9035. Materials and slides address the following information: parts of body, male puberty, female puberty, social behavior, human reproduction, fertility regulation and venereal disease, marriage, parenting.

j. *The ABC's of Sex Education for Educable Persons.* Hallmark Films, 51 New Plant Court, Owens Mills, MD 21117. This film, designed for in-service training for teaching sex education, contains situations and street language that the respite care provider may encounter. The film is excellent for providing appropriate information.

k. *The How and What of Sex Education for Educable Persons.* Hallmark Films, 51 New Plant Court, Owens Mills, MD 21117. Training film for educators and parents explains ways to communicate information to disabled persons.

l. *Mind Your Manners.* Social Skills Video Series. James Stanfield Publishing Company, P.O. Box 1983, Santa Monica, CA 90406, toll-free 1-800-421-6534. Videos in this series teach essential social skills for successful community living. Topics include why manners are important, how manners originated, manners at home, table manners, manners at school, manners in public, greeting, and conversation.

2. Pamphlets and books

a. *An Easy Guide For Caring Parents: Sexuality and Socialization.* Planned Parenthood of Contra Costa, Publications Dept., 1291 Oakland Boulevard, Walnut Creek, CA 94596. This guide addresses questions and concerns of parents of mentally handicapped children about how to teach information about adolescence and adulthood.

b. *Sexual Abuse: What is It? An Information Book for the Hearing Impaired.* Hearing Impaired Health and Wellness, St. Paul - Ramsey Medical Center, 640 Jackson St., St. Paul, MN 55101. Limited text is written in a very simple and easily understood style. Book contains many illustrations, covers what is sexual abuse, safety issues, victims, offenders, etc.

c. *Straight Talk Curriculum Guide.* Planned Parenthood Clinic of Central Oklahoma, 619 N.W. 23rd St., Oklahoma City, OK 73103, 405-528-0221. This book contains a program to increase family communication about sexuality.

d. *Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Providers.* Sex Education for Disabled People, Planned Parenthood Alameda/San Francisco, 1660 Bush Street, San Francisco, CA 94109. Table Manners was designed for use by disabled women and health care providers. Table Manners advocates a cooperative approach to the pelvic examination in which a disabled client and her clinician work together to meet the client's specific needs. Whether the question is where a sign language interpreter should stand in the exam room, or how to transfer a woman who uses a wheelchair onto the exam table, the decision must be made by both people.

Table Manners will acquaint you, the respite care provider, with the etiquette involved in serving disabled clients as well as give the necessary information you need to ensure that your disabled client has a comfortable, thorough pelvic exam.

3. Competency profiles

NOTE: Competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.

2. Plan presentation to take advantage of student learning styles.

3. Provide students with objective and individualized study guide form.

4. Pretest qualifying students: administer written test and interview students to assess student competencies.

5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

   a. Modify materials in unit or create supplementary materials for individual students as required.

   b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

   c. Indicate on the study guide reading and study assignments to include all the areas suggested. Include media.

   d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

   e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

   a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

   b. Retain and re-evaluate unsuccessful students.

   c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

   - Display poster, pamphlets, articles, books, and other information about social and personal skills.

3. Introduce unit by discussing unit introduction on the objective sheet.

4. Discuss unit objective.

   - Discuss ways that people learn about manners, polite conversation, and sex.
   - Discuss information sources and relative accuracy.

5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheet.

   a. Discuss Objective 1.

      - Give students the Activity Sheet 1, "Assess Personal Attitudes," to do in class. Discuss how each person has the right to his or her feelings and that neither you nor any other member will see anyone else's answers.
      - Use the activity sheet for class discussion, and ask for volunteers to give opinions. Use this to explore myths and realities of sex education.
      - Discuss Student Supplements 1 and 2.
      - Be sure to stress that professional behavior is not necessarily the same as personal behavior, yet each respite care provider must be aware of his or her own personal and professional behavior and act appropriately in a given situation.

   b. Discuss Objective 2, information needed for appropriate social and personal behavior.

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- Ask the students how much they know about sex education and how they will tell their own children about sex. Give a quick quiz, if necessary, to determine just how much they really do know. Contact a school counselor, home economics or health teacher for quiz items. The health department and planned parenthood have examples of quizzes that you could use to test basic knowledge about sex education.

- Select additional resources such as films, speakers, etc. to make sure the correct information is available. See the list of films and programs suggested, as well as, the list of materials available through the public health office and Planned Parenthood. Some films are particularly important for preparing students to make wise decisions about how much and what type information to provide clients; these materials are extremely valuable.

- Discuss Student Supplements 3 and 4. Review to clarify any misconceptions.

- Advise students to take advantage of "teachable moments," occasions when discussion naturally leads to social or personal behavior.

- Role-play how to provide appropriate information to client, using tips suggested in the student supplements.

- Discuss the information in Student Supplement 3; point out how useful the supplement can be as a quick reference for information.

7. Discuss Objective 3.

   - Discuss information about how to respond to inappropriate client behaviors.

   - Have students complete Assignment Sheet 1. Point out the steps to follow when possible:

Assess the situation
Determine emergency steps
Assume professional behavior and stay in control
Make a decision
Follow up on incident
Report to family and document

- Discuss assignment sheet answers.

8. Give test.

9. Reteach and retest as required.

10. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

BOOKS

An Easy Guide for Caring Parents: Sexuality and Socialization. Planned Parenthood of Contra Costa, Publications Department, 1291 Oakland Boulevard, Walnut Creek, CA 94596.

Gardner, James F., and Michael S. Chapman. *Staff Development in Mental Retardation Services.* Baltimore, MD: Paul Brooks Publishing Co., 1985.

Human Sexuality and the Developmentally Disabled Individual. Planned Parenthood of Louisiana, 1988.

Kempton, W. and R. Foreman. *Guidelines for Training in Sexuality and the Mentally Handicapped.* Philadelphia: Planned Parenthood of Southeastern Pennsylvania, 1976.

Straight Talk Curriculum Guide. Planned Parenthood Clinic of Central Oklahoma, 619 N.W. 23rd St., Oklahoma City, OK 73103.

FILMS

Learning to Talk About Sex When You'd Rather Not. EDNICK Communications, Inc., P.O. Box 3612, Portland, OR 97208.

Sexual Abuse Prevention: Five Safety Rules for Persons Who Are Mentally Handicapped. Agency for Instructional Technology, Box A, Bloomington, Indiana 47402-0120.

SUPPLEMENT 1

Pretest

DIRECTIONS

Answer the following questions on a separate piece of paper.

1. List five guidelines for teaching clients about personal and social awareness situations.

2. In each of the situations below, discuss how you would provide information to the client described.

   a. Judy is thirty-four years old and mildly retarded. She is living in a group home and washes dishes in a cafe several blocks from her home. Judy must ride the bus to work each morning. Discuss how you would answer Judy when she starts discussing her boyfriend, who rides the bus with her each morning.

   b. The parents have gone on a week's vacation. While they are gone, you are going to help Jeff, a seventeen-year-old, mildly retarded male, with learning good grooming techniques. Jeff is excited about going to school, but his teacher has called to complain about his body odor. Discuss how you will work with Jeff on his grooming.

   c. You are staying with Sara, an eight-year-old mentally retarded girl. She begins to tell you about how her mother and father are always fighting, and she asks you what divorce means. Discuss how you will answer Sara.

   d. Andrew is a fifteen-year-old, mildly retarded male. He wants to learn how to go to the grocery store by himself. Discuss how you will work with Andrew to prepare him for shopping by himself.

   e. Discuss how you would talk with Jenny, a fourteen-year-old, severely retarded female, about caring for herself during her menstrual cycle.

3. List the five steps or actions to use when responding to a client's inappropriate behaviors.

4. Your client, a mildly retarded fifty-seven-year-old man, has just returned from a trip to the local store with a friend. While you are putting the food away, your client goes to his bedroom. Later, when you go to his room to take him a snack he had bought at the store, you knock and there is no answer. You quietly open the door and are surprised to see your client and his friend in the bed together nude. What should you do?

SUPPLEMENT 2

Answers to pretest

1. Evaluated to the satisfaction of the instructor
2. Evaluated to the satisfaction of the instructor. Suggested information is in Objective 2 and Student Supplement 3.
3. Assess the situation:
   Determine if there is an emergency situation
   Follow up with decisions on how to handle the situation
   Report to the family
   Document
4. Assess the situation: This is behavior in private
   No emergency unless one or the other is being taken advantage of, for example, if the friend is under age
   What should you do? Excuse yourself quietly and shut the door
   If appropriate, report the situation to the family
   If appropriate, document the incident

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about assisting with social and personal awareness. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with an asterisk in this individualized study guide.

	Req.	Comp.	
	_____	_____	**Read** objective sheet.
	_____	_____	**Complete** pretest.
	_____	_____	**Discuss** pretest results and study requirement with your instructor.
OBJECTIVE 1	_____	_____	**Study** the information sheet on guidelines for teaching personal and social awareness.
	_____	_____	**Complete** Activity Sheet 1, "Assess Personal Attitudes about Sexuality."
	_____	_____	**Read** Student Supplement 1, "Why do the Mentally or Physically Disabled Need Sex Education?"
	_____	_____	**Read** Student Supplement 2, "Goals of Human Sexuality Education for Developmentally Disabled Persons."

NOTE: To check for compentency in this objective, you must be able to list correctly four out of five guidelines for teaching a mentally retarded client about social and personal awareness

Req. Comp.

OBJECTIVE 2

_____ _____ **Study** the information sheet on providing information needed for appropriate social and personal behavior, at the client's level of understanding.

_____ _____ **Watch** a selection of films provided to give you information about how to work with disabled clients. Your instructor will make the films available for you.

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_____ _____ **Watch** a selection of films provided to give you information about AIDS, contraceptives, pregnancy. Instructor will make the film available to you.

____

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____

____

Req. Comp.

_____ _____ **Review** Student Supplement 3, "Information Resources."

_____ _____ **Review** Student Supplement 4, "Sex Education Terms and Definitions."

NOTE: To check for competency in this objective, you must be able to provide a mentally retarded client with appropriate information about four out of five topics.

OBJECTIVE 3

_____ _____ **Read** information sheet.

_____ _____ **Complete** Assignment Sheet 1, "Identify Appropriate Responses."

NOTE: To check for competency in this objective, you must be able to identify appropriate responses in inappropriate behavior in four out of five situations.

UNIT REVIEW

_____ _____ **Review** unit and assignments.

_____ _____ **Complete** test.

_____ _____ **Discuss** test results with your instructor.

_____ _____ **Complete** additional study requirements listed below.

____

____

____

____

_____ _____ **Proceed** to next study assignment:

____

INFORMATION SHEET

BASIC RESPITE CARE
ASSIST WITH SOCIAL AND PERSONAL AWARENESS

OBJECTIVE 1

List guidelines for teaching clients about social and personal awareness

INTRODUCTION

As a respite care worker, you may find yourself working with family members to teach your client new ideas or skills in a home environment. Determine your role in teaching social and personal awareness by asking your client's family the following questions:

— Am I expected to work with the client on new skills?

— Should I follow through with correct information when an opportunity arises, or am I expected to stop all such activity and discussion immediately?

— Should I provide information only if the subject comes up, or should I bring up the topic?

— Should I follow the family's process for teaching social and personal awareness? What is your process?

Teaching social skills and how to live in the community could be a long, tedious process, depending on the functioning level of the client. Working with a mentally retarded individual usually means carefully repeating a situation many times before the desired behavior is met. Teaching a mentally retarded client to deal with strangers in a social situation will also have to be repeated many times in several different ways. You may need to have several trial runs with the client to determine how the client will react in a situation.

EXAMPLE: In teaching a mentally retarded client how to go to the grocery store to purchase food, you will generally show the client the shortest route to the store, the location of the desired food on the shelf, how to put food in the cart, and then, how to check out. You may even alert a store representative to offer help when necessary.

Any variation on the routine, such as not being able to find the desired product, not seeing the store representative, or finding the checkout stand temporarily closed, may cause confusion for the client. A mentally retarded client may need opportunities to deal with those situations on a repeated basis.

Guidelines for teaching about social situations

- Teach in several different ways
- Have trial runs of situation
- Repeat often with variations on situation

Guidelines for teaching about sexuality

- Consult client's family to find out if they have a preferred way for you to teach about sexuality
- Provide accurate, legal information consistent with values of the family
- Assume client has no prior knowledge of topic unless you know otherwise
- Determine how much the client already knows about the topic and what information is needed or wanted at this point
- Use words that the client understands; you can teach more appropriate words later if possible
- Give instructions on the client's level of functioning
- Discuss consequences of a behavior

  EXAMPLES: Talk about what might happen if the client goes with a stranger, or if the client has sexual intercourse.

Teach client about public and private places and activities

  EXAMPLE: Discuss the appropriate place for socially unacceptable behavior such as masturbation.

- Discuss ways to avoid sexual exploitation
- Do not lecture or moralize; remember that the values taught should be those of the family—not your values—and based on the needs of the client

- Be alert to the client's need for more information; just because a client is quiet or does not ask questions does not mean that the client understands everything; the client may not know enough to ask a question, or may not feel comfortable talking with you about the subject
- Tell the client's family about the information you shared with the client

Methods

- Discuss one topic at a time, in a logical order
- Go from simple to general or complex

  EXAMPLE: If you want to teach a mentally retarded female about caring for herself during menstruation, start by explaining about good grooming and keeping herself clean and odor free. Depending on the level of functioning, the conversation may extend to parts of the body, and eventually, to reproduction and the role of the menstrual cycle in caring for the unborn child.

- Teach in several different ways

  EXAMPLE: Supplement discussions with drawings, charts, or videos.

- Repeat as often as needed

Qualities needed by person teaching about sexuality

- Open, honest, and direct
- Emotionally stable
- Knowledgeable about subject and way client learns best
- Patient, imaginative, and flexible
- Tolerant of other's attitudes and behaviors
- Aware of own attitudes about "proper" expressions of sexuality and any differences between those attitudes and professional behavior
- Able to follow professional behavior even when it does not match own personal attitudes
- Good sense of humor

OBJECTIVE 2 **Provide information needed for appropriate social and personal behavior**

INTRODUCTION

Learning appropriate social and personal behavior enables a client to lead as normal a life as possible. Clients who regularly go into the community—whether accompanied or not—need to know about manners, relationships with strangers, how to avoid being exploited, and appropriate behavior in public places.

Use Student Supplement 3 as an information resource in teaching your client about social and personal behavior. The supplement contains material on the following topics:

SOCIAL AWARENESS

- Self-acceptance
- Acceptance of disability
- Accepting others
- Parents/guardians
- Dealing with people day to day
- Privacy
- Good grooming habits
  - Showering/bathing
  - Underarm deodorant
  - Hair care
  - Shaving (males and females)
  - Care of fingernails and toenails
  - Dental hygiene
  - Ear and nose care
  - Toileting
  - Douching
  - Personal appearance
  - Facial expressions
  - Body posture/language
  - Clothing
- Manners
  - Introductions
  - Talking with strangers
  - Showing affection
- Community risks
  - Having ID available
  - Carrying money
  - Getting lost
  - Awareness of potential dangers
  - Personal safety rules
  - Talking to people at bus stops

  - Ignoring inappropriate persons/behaviors in community
  - Taking rides
  - Public restrooms
  - Sexually deviant behavior
  - Rape
  - Venereal disease
  - AIDS
- Death

PERSONAL AWARENESS

- Body parts
- Female body parts
  - External
    - Breast
    - Breast examination
    - Axillary, pubic hair
    - Clitoris
  - Internal
    - Urethra
    - Vagina
    - Hymen
    - Cervix
    - Uterus
    - Ovary
    - Ovum or egg
    - Fallopian tubes
    - Pelvic examination
    - Buttocks
    - Anus
    - Rectal examination
  - Puberty
  - Menstrual cycle
  - Vaginal discharge
  - Menopause

- Male body parts
  - External
    - Chest, axillary, pubic hair
    - Penis
    - Circumcision
    - Erection of the penis
    - Ejaculation
    - Wet dreams or nocturnal emissions
    - Urethra
    - Scrotum

        - Testes
        - Examination of testes
    - Internal
        - Sperm
        - Vas deferens
        - Seminal vesicles
        - Prostate
        - Prostate examination
        - Buttocks
        - Anus
        - Rectal examination
    - Puberty
- Private parts
- Normal difference between individuals
- Masturbation
- Homosexuality
- Bisexuality
- Sexual relationships
    - Dating
    - Marriage
    - Intercourse
    - Pregnancy
    - Birth
    - Miscarriage
    - Abortion
    - Birth control
    - Parenting
    - Divorce

OBJECTIVE 3

Determine actions for responding to inappropriate client behaviors

INTRODUCTION

While you are providing care for a client, you may encounter different forms of behavior. Determining clear causes for the unusual actions may be difficult. Instead of trying to find reasons or causes, concentrate on how best to respond to the unusual behavior.

In this unit you have analyzed your own attitudes toward sexual behavior so that you can establish a professional behavior model for dealing with socially unacceptable situations. You have also received information about human anatomy, reproduction, and birth control. You are prepared to help clients avoid situations that may result in sexual exploitation.

Now, you have the opportunity to build skills to respond effectively to inappropriate activities of your client. You need a plan of action consistent with the values and attitudes of the family or agency.

GUIDELINES

- Assess the situation
- Determine if you need to take emergency steps to preserve the health of the client; if it is an emergency, take physical action to stop the action.
- If the situation is not an emergency, stop and calmly assess it. Assume your professional behavior, and stay in control.
- Check all circumstances and make a decision about what you should do.
- Determine what type of follow-up is required (What should you do to keep the lines of communication open so that the client has an opportunity to discuss appropriate ways to handle the situation?)
- Report any incidents to the family and complete appropriate documentation in all records.

Remember: You should have received instructions from the family before you began providing care if there were special situations that they wanted handled in a certain way. You will need to follow family rules when possible, but you are responsible for the health and safety of the client when providing respite care.

The following information indicates how to respond to some of the more common situations involving sexual behavior by a mentally retarded client.

Client asks sexual questions

Assess the situation: Is it an emergency? Do not be embarrased or angry. Treat the questions as you would any other question. Think about the question and plan what to say. Do not react to slang or street language. Remember that this is an opportunity to open channels of communication. If the subject requires a lengthy explanation, you may want to go to a private place to continue the discussion.

Provide the necessary information. You may want to plan another time to go into more detail with books, films, etc. Be sure to provide accurate information using your professional behaviors. If you do not know the answer, be sure to tell the client; then make arrangements to get the information and share it with the client.

You will need to follow up on your next visit to see if the information has been properly retained and to find out if there are further questions. You will want to continue the questions and answers as long as the client is willing to discuss the issue with you.

Tell the family about the information you have shared and make the appropriate entries in the documentation.

*****

Client uses inappropriate sexual language and/or gestures

Assess the situation: Is it an emergency? Stay in control; use your professional behavior. If this is happening around nonconsenting audience and is directed toward you (and you object), or is in an inappropriate place, request the client to stop and talk with you. Keep asking until client agrees to talk with you. Treat it as you would any other kind of language at this point.

If you decide to intervene, take the client to an appropriate place where you can counsel the client about inappropriate language or gestures. You will probably try to determine what caused the outburst and why the client used those particular words. Does the client know what the words/gestures mean? If the client is not at a functional level that will allow for changes in behavior, try substituting a harmless word into the client's vocabulary. Perhaps the client will learn to use the less-offensive words or gestures, even though, the behavior cannot be stopped.

*****

Client writes or draws graffiti

Assess the situation: Stay in control. Be sure what is happening and decide what action to take. Do not react with shock, surprise, or disgust. Treat the graffiti as any other kind of drawing or writing in public places. Discuss the incident with the client. Point out that the behavior is inappropriate and unacceptable.

Discuss the responsibility of such actions and consequences with the client. Client should be responsible for cleaning up the graffiti; assist client if necessary.

Be sure to report the activity in detail. Complete the appropriate documentation.

*****

Client exposes himself/herself

Assess the situation: Be sure about what is happening. Check the circumstance, and decide what to do. Make your presence known and ask the client to stop and talk. Continue the request to stop and talk until the client responds. If necessary, use minimum physical intervention.

Ask the client to dress or rearrange the clothing; assist if necessary. Discuss private and public places. Emphasize that clothes are to be worn in public places.

Record the incident and report it to the family. Suggest that client wear clothing—such as a one-piece jumpsuit—that is harder to take off.

*****

Sexual advances toward others

Get in control: Determine what is really happening and, if possible, why. If you decide that this is not just a general affectionate behavior and you are sure it is meant to be sexual, ask the client to talk with you. Avoid any touching if possible.

Let the client know that you do not like the behavior, that others do not like the behavior either. Request in a calm manner that the client not do that anymore.

Show client appropriate ways to show affection, appreciation, etc. If activity continues, ask for help from the professional team. Reward appropriate behavior when possible.

Be sure to document incident and discuss it with the family.

*****

Self-abusive behavior

Assess the situation: If it is an emergency, intervene immediately with a minimum of necessary physical force. If self-abusive behavior is part of the normal pattern, you should have discussed appropriate procedures with the family. Try to calm the client. If possible, determine and remove the cause of the self-abusive behavior. Be careful not to place yourself in a dangerous situation.

Check for injury and provide for first aid if necessary. Keep the client calm and under control if possible. Provide medical attention if necessary.

Try to communicate with the client and determine cause of the behavior. Suggest or encourage alternative ways to release energy and frustration. Try to reward positive behavior; be aware of unusual activity.

Maintain observations and document appropriately.

Notify the family.

*****

Masturbation

If masturbation is taking place in a private area, do not disturb. The client is entitled to privacy. If, however, the act is in a public place, try to talk the client into moving to a private place. Lead client to a private place and quietly shut the door. Return to check on client in about five minutes. If necessary, help client with personal hygiene.

This may be a time for discussing personal hygiene and private versus public places.

As long as the client masturbates alone in a private area, you should not interfere.

You should discuss this with the family and complete documentation.

*****

Use of foreign objects for sexual gratification

Assess the situation: Is the health or safety of the client in danger? If so, use minimum physical force to stop the activity. Otherwise, remain calm and in control. Be sure of the circumstances. Foreign objects are usually used as a form of masturbation, so handle it as you would a masturbation incident.

Exception: if the object is of a material or nature that could be harmful or injurious to the client (something sharp or breakable), try to get the client to stop or at least substitute a harmless object.

Be sure to obtain medical treatment if necessary. Discuss the danger of possible injury with the client. Continue observation of the client. Discuss private and public places with the client.

Report the incident to the family and complete documentation.

*****

Coprophilia

Assess the situation: Check conditions and circumstances; make sure what is happening. Stay in control. Make your presence known and ask client to stop and talk. If client does not stop, use minimum physical force to restrain client.

Calm the client and take action to reduce anxiety. Ask client to get cleaned up, or help client clean up the area. Be sure to clean all walls, furniture, etc. You may need hygienic washing if fecal material got into mouth, eyes, ears, etc. Talk to client about the health problems that could result from this practice and that other people do not like it.

Provide other forms of activities to keep client occupied.

Be sure to report the incident to the family and complete documentation.

If the problem persists, additional professional members will need to help.

SUPPLEMENT 1

Why do mentally or physically disabled persons need sex education?

Questions and answers

Q. Why teach the disabled about sexuality? Many of them may never have the opportunity to marry, bear children, or even socialize. Will knowing about human reproduction and sexual expression make them feel more frustrated and left out?

A. We want everyone to integrate as much knowledge as he or she can, don't we? If this is true, is it fair that we exclude teaching disabled persons about the wonders of the human body and the beginnings of life? They have a right to know as much as anyone else.

*****

Q. Won't knowledge about sexuality motivate or stimulate them to become involved in undesirable, inappropriate sexual experimentation?

A. There has been no indication that presenting information about sexuality to disabled persons will motivate them or stimulate them into undesirable sexual behavior. In fact, research indicates that the students who have an understanding of themselves and others as social/sexual beings will use better judgment in their behavior.

*****

Q. Some disabled persons have limited abilities to learn and understand anything fully. Will teaching them about sex only confuse and disturb them?

A. There are definite reasons why special students need teaching and training *more* than regular students:

- Special students are often confused and lack enough knowledge to know where to look for help or even whom to ask for help.

- Those with low reading levels have limited access to information from books and other written materials.

- Many disabled people lack friends, or the friends they have are not good sources of information.

- Because of their special situations, they are often in a restrictive environment that limits the opportunities to observe, develop, and practice social skills.

- Because some mentally handicapped people are deficient in reasoning ability, they have difficulty distinguishing reality from unreality and cause from effect. Thus, they are more likely to believe myths and are often frightened and confused by them.

- Training in social/sexual behavior is especially important for special students because they are more apt to be sexually exploited or commit sexually inappropriate acts.

  This is true because of characteristics that many of them share. For instance, they are often overly responsive to attention and give affection indiscriminately in return. Many do whatever is asked of them without questioning—usually from their desire to please or because they are suggestible and dependent on others. They often have poor judgment in forming relationships and in sizing up the motivation of others. Many have difficulty in foreseeing the consequences of their actions.

  Another reason special students are more apt to be sexually exploited is because exploiters know that reports from students and adults who are handicapped are often not believed and/or are not legally acceptable.

Adapted from Planned Parenthood.

SUPPLEMENT 2

Goals of Human Sexuality Education for Developmentally Disabled Persons

- To give developmentally disabled persons accurate information because they cannot learn it as most people do from peers, books, films, observation, and logical deduction
- To enable them to learn about their bodies and see themselves as like others; this generates self-confidence, which in turn will heighten their self-esteem
- To enable them to avoid situations where they could be sexually exploited
- To enable them to avoid becoming involved in inappropriate sexual behavior that may make them socially unacceptable or cause them trouble with law enforcement agencies
- To enable them to enrich their lives by finding sexual expression that best fits their abilities and needs
- To enable them to enjoy the company of both sexes by acquiring social skills
- To prevent the overprotection that arises from fear of procreation, and to provide them with information about and help with birth control
- To enable them to assume the responsibilities of sexual persons with appropriate sexual behaviors and in customary social patterns
- To enable them to achieve some insight into the commitments of marriage, parenthood, and family so that they may set realistic goals for their future
- To enable them to communicate about sexuality with others without guilt or embarrassment

Adapted from "Human Sexuality and the Developmentally Disabled Individual," Planned Parenthood of Louisiana and The Community Living Training Program.

SUPPLEMENT 3

Information Resource

INTRODUCTION

The information on the following pages includes topics for discussion, questions and answers, and suggested activities that will make it easier for you to give your client information about personal and social skills.

The presentation of this information would be appropriate for working with developmentally delayed clients. The actual content is correct and addresses the normal needs and life activities of all individuals.

Discuss these topics with your client's family to ensure that this information is acceptable to them.

SOCIAL AWARENESS

Self-acceptance

Point out that all people are worthwhile and should like themselves.

Acceptance of disability

Define *acceptance* as knowing that you are OK.

Discuss liking total self—including handicaps, weaknesses, talents, etc. ("I'm OK, you're OK" concept)

Indicate that it is OK for people to be mentally and/or physically handicapped (People should like themselves.)

Ask clients to respond to questions about their lives:

Are you mentally handicapped?
What does that mean to you?
Do you have the same rights and responsibilities as others?
Do you have the right to decide on your own career?
Do you have the right to decide how you want to live?
What are your goals?
How does your handicap affect your goals?
How has your handicap affected where you live, where you work, where you go to school, and how you spend your leisure time?

Accepting others

Discuss accepting others regardless of race, color, size, handicaps, sex.

Point out that...

— Accepting others does not necessarily mean liking them.

— People tend to have more likenesses than differences.

— Acquaintances are persons one has met, but are not "friends."

Practice situations such as work, the bus stop, or stores where your client might encounter acquaintances.

Point out that...

— Acquaintances can become friends.

— Both persons have a part in deciding to become friends (and in spending time together).

— Friends are persons one has known for a while and with whom one has shared activities and time.

— People often have friends who are the same sex they are.

— Friends can be older or younger than they.

— People often have friends of the opposite sex.

— A friend of the opposite sex is not always a boyfriend or girlfriend.

Discuss appropriate activities for same-sex friends.

Discuss friends expressing affection.

Parents/ guardians

Point out that...

— Parents often feel protective of their children.

— Persons who are adults usually see their parents on an irregular basis—not every day, every week, etc.

— The role of a parent changes as children become adults.

Discuss being an adult who is independent of parents.

Discuss the role of teacher, friend, advocate.

Dealing with people day to day

Name policemen, counselors, ministers, and others who would help the client if parents or teachers are not around.

State that friends and relatives often move away, and we can no longer spend time with them.

Discuss the feeling of sadness when people move away. Discuss loss.

Discuss the aging process as a time when friends or relatives leave through death.

Name phone calls and letters as ways to stay in touch with special people who no longer live nearby.

Name topics to discuss by phone/mail with distant friends and special persons.

Privacy

State that privacy is being alone or with someone away from everyone else.

Name several private places in the home such as bedroom, bathroom, or other room where you can be alone.

Name private places in the community such as public bathrooms, voting booths, or dressing rooms in clothing stores where you can be alone. Discuss the participants' experiences in any of these places.

Discuss possible reasons for needing or wanting or having privacy:

Thinking
Calming down (anger, sadness)
Some meetings
Some conversations
Personal hygiene
Dressing
Bathing
Toileting
Reading
Studying

Point out that people have a right to privacy and that the right needs to be respected.

Discuss consideration of others and ways to respect privacy at home.

Set up times for privacy in bedrooms. Watch TV, listen to radio and/or records at alternate times.

Do not talk to someone who wants to be alone.

Set up times for private conversations. Avoid standing around people who are having a private conversation.

Discuss the fear of being alone versus an appreciation of being alone.

Discuss the differences between private and public behaviors.

Discuss the following behaviors and tell if the behaviors are private or public or both:

- Talking
- Passing wind/gas
- Bowling
- Hugging
- Toileting
- Praying
- Bathing
- Eating
- Picking teeth with toothpick
- Scratching dandruff
- Filing fingernails

State that we should respect private property belonging to individuals or to the community.

Discuss examples of disrespect such as graffiti.

Discuss ways to respect private property in the community:

> Treat other people's property as you would your own.
>
> Do not rummage through other people's mail, drawers, or other personal belongings.

GOOD GROOMING

Showering/ bathing

Discuss how bathing helps to maintain good health and keeps people looking good, feeling good, and smelling good. People should bathe or shower to prevent body odor (BO) and because being clean feels good.

Point out that...

— There is not necessarily a best time of day to bathe. When a person bathes may depend upon the schedule or where the person lives.

— People should bathe or shower when they are dirty, before social events, during the menstrual cycle, after ejaculation.

— When two body parts touch (anus, fingers, genitals, toes, arm), those areas must be carefully washed and dried. Ask what body parts touch.

— In bathing, people must use soap and rinse thoroughly.

— Sponge bath may be appropriate during illness or for older people.

— Wearing clean clothing after a shower or bath is important.

Demonstrate washing body parts that require special attention: genitals, underarms, nails, hands, feet.

Underarm deodorant

Explain that bacteria causes perspiration to have an unpleasant odor and that people need to use deodorant daily.

Discuss prevention of body odor: use soap, water, and an underarm deodorant to become socially acceptable.

Discuss the fact that people usually begin to use deodorant when they are teenagers (at puberty).

Discuss the types of underarm deodorants available:

Spray
Roll-on
Pads/liquid
Stick
Cream

Point out that...

— Deodorant is applied to armpits.

— Participants with motor coordination problems may find using a roll-on deodorant easier to use.

— You must press spray nozzle properly.

— If skin irritation develops, report to medical personnel.

Hair care

Explain that hair requires shampooing to remove dirt, oil, dandruff, and odor. People should keep hair clean, looking good, shiny.

Explain that shampoo is a type of soap for washing hair. Some people require dandruff or medicated shampoo. Check with appropriate medical personnel.

Discuss frequency of shampooing:

At least weekly, but may be more often, even daily
When oily/dirty
When dandruff is visible
Before special events, i.e., church, dance

Demonstrate how to shampoo hair.

Compare washing hair in the sink, tub, shower.

Discuss ways to dry hair:

Towel
Hair dryer
Air drying (people should not go outside with wet hair)

Demonstrate combing, brushing, setting hair.

Discuss trims or cuts. Hair length and style is individual choice.

Visit beauty parlor/barber in community. (Beauty School is less expensive than barber or beauty parlor.)

Shaving (males)

Point out that...

— Some men enjoy growing beards, sideburns, mustaches. Stress the importance of keeping beard, mustache, and sideburns trimmed and neat.

— Generally, men shave every day before going to school or work. Some men shave again if they are going out in the evening.

— During puberty, shaving may not necessarily be needed daily, it may be needed only weekly because hair growth is sparse.

- Cleaning the shaver/razor is necessary after each use.
- If the razor is used by more than one person, soak the blade in alcohol for 20 minutes before next use.
- Participants with motor coordination problems may find using an electric or battery-operated shaver easier.

Shaving (females)

Discuss the fact that...

- Women shave their armpits to remove hair. This reduces the chances for bacteria to grow and cause body odor.
- Some women shave their armpits to look nicer when they wear sleeveless blouses, halters, and bathing suits.
- Some women shave their legs to look nicer when they wear dresses, shorts, skirts, or bathing suits.
- Light hair may require less frequent removal.
- Thick, dark hair may require more frequent removal.
- Some women have facial hair that may require removal. Check with appropriate medical personnel.
- Shaving armpits, legs, and face may help a woman be more socially accepted.
- Whether a person shaves armpits, legs and face is an individual decision.

Demonstrate how to shave armpits or legs.

Discuss proper care of shaver or razor.

Care of fingernails and toenails

Discuss why nail care is important:

Cleanliness
Prevent spread of infection
Appearance

Show examples of clean nails vs. unclean nails. Talk with participants about their reactions. Reinforce cleaning habits as soon as nails are dirty.

Stress cleaning nails as a routine part of bathing/ showering and after activities such as gardening or painting that lead to dirty nails.

Point out that...

- Clean nails do not prevent scratching; only very short, smooth nails will prevent scratching.
- Nails need to be cut to prevent scratching.
- Nails need to be cut when they break, have sharp edges, or are too long.
- Fingernails are cut rounded; toenails are cut straight across to avoid hangnails and ingrown toenails.
- Some people have deformed nails that may require the cutting to be done by medical personnel or a podiatrist.
- Diabetic people should check with medical personnel before trimming their nails.
- Wearing nail polish is a matter of individual preference for women.

Discuss the use of nail polish: Stress the importance of well-trimmed nails, removal of nail polish if it is cracked, use of appropriate colors of new polish.

State that chipped nail polish detracts from a nice appearance.

Demonstrate how to scrub and trim nails.

Dental hygiene

Discuss good dental care.

Point out that...

- Proper brushing removes plaque (bacteria and food) from teeth and reduced chances of cavities, helps promote pleasant breath, leaves a good taste in mouth, and leads to a nice appearance.
- Plaque can begin damage after 24 hours.

— Proper brushing includes brushing gums and tongue.

— People brush their teeth at least once a day.

— Dentists recommend brushing teeth following each meal and before going to bed.

— Use of toothpaste is optional, but ADA recommends use of fluoride toothpaste to prevent cavities.

— Dry brushing may reduce choking and the gag reflex for some people with cerebral palsy or limited swallowing ability.

— Use of a mouthwash is a matter of choice.

Demonstrate proper toothbrushing and flossing methods.

Make a tooth care chart indicating frequency client brushes and flosses teeth.

Nose care

Discuss why wiping and blowing the nose are important to remove secretions:

Dried secretions may cause nose irritation and nosebleeds.

Secretions are unpleasant to look at. (Slang: *buggers*, *snot*, etc.)

Discuss appropriate ways to remove secretions: Use a handkerchief or tissue.

Point out that...

— When people have colds or allergies, nose secretions increase.

— People do not pick their noses in public.

Demonstrate correct way to blow the nose (blow gently through both nostrils).

Ear care

Discuss ways to care for ears:

Keep ears clean using soap, water, and a washcloth. Do not use cotton swabs, bobby pins, or other foreign objects.

These objects may damage the delicate ear drum (membrane and/or canal).

Keep ears covered in cold weather to help avoid illness (ear infection).

Some people with ear problems may require cotton and vaseline in their ears during shower/bath/shampoo to prevent water from entering the ear canal. See medical personnel for special instructions.

People with tubes in their ears need to have their ears checked by a doctor regularly for cleaning or tube shift.

Demonstrate proper cleansing of the ears.

Discuss seeing appropriate people for special instructions for care of eyeglasses and hearing aids.

Toileting

Discuss appropriate toileting behaviors:

Close bathroom and/or stall door for privacy.

Males lower the toilet sea for sitting position and raise it for urinating in a standing position.

Public bathrooms for males often have urinals and toilets. Some males, especially those who are nonambulatory or obese, may urinate in sitting position.

Males may wipe from front to back and/or back to front after elimination. Females should wipe from front to back to help prevent vaginal infection from feces.

Flush the toilet after using it.

Wash the hands with soap, rinse, dry.

After toileting, people should look in a mirror to assure that their clothing is in order, pants are zipped, etc.

Discuss terminology, including slang words for the following terms:

Urinate, void, *slang terms*; defecate, eliminate, *slang terms*; urine, *slang terms*; stool, feces, *slang terms*

Discuss passing gas/wind in bathroom as appropriate vs. doing so in public.

Point out that...

- If client has difficulty in urinating or defecating, if blood appears in the urine or stool, if itching, burning, or pain accompanies toileting, report this to medical personnel, family member, staff, or etc.

- A nurse or doctor may examine various body openings, using special instruments:

  Ear — otoscope
  Eye — ophthalmoscope
  Nose — nasal speculum
  Vagina — vaginal speculum
  Rectum — sigmoidoscope

Douching

Discuss that douching means cleaning a woman's vagina:

Water and/or premeasured liquid is put into a douche bag or container. The nozzle is inserted into the vagina and squeezed to allow the water to run into the vagina.

Point out that...

- Some doctors feel that douching is unnecessary because the vagina cleans itself. Check with your doctor before douching or using deodorants.

- Some woman use deodorants made especially for the vaginal area because they feel there are unpleasant smells coming from their vaginas. Odor may be indicative of problem, such as a foreign object.

- Douching or deodorants should not replace the use of soap and water.

Personal appearance

State that personal appearance may affect what others think about us in both positive and negative ways.

Discuss how good grooming is important, but so are pleasant facial expressions, good posture, language and appropriate clothing.

Facial expressions

Explain that facial expressions may show how people feel about themselves.

Body posture/ language

Explain that erect body posture may show good feelings about self; stooped posture may indicate poor feeling about self.

Clothing

Explain that clothing can affect how people feel about themselves and what others think about them.

On shopping trips or while looking in catalogs or magazines, show pictures of appropriate vs. inappropriate clothing:

Size too big or too small
Disrepair: holes, seams undone, frayed, faded
Dirty
Wrinkled
Warm/winter/cool/summer
Unbuttoned, misbuttoned
Unzipped
Not tucked in or not straightened
Collar tucked under
Shoes untied/unpolished/inappropriate kind of shoes for event
Handkerchief or papers hanging out of pockets
Clothes not color coordinated
Clothes not pattern coordinated

Give several examples of wearing inappropriate vs. appropriate choices of clothing for events—such as wearing cut-offs to church, dress or suit to work, etc.

Discuss how people can appropriately let others know if their slacks are unzipped in public, preventing embarrassment as much as possible.

Generally discuss that people should check their clothes for disrepair, cleanliness, and correct fit and that they should learn to determine when to launder, repair, and buy new clothes.

Discuss the need to attain a balance between dressing according to individual taste and clothing preference vs. dressing so that they do not stick out in a crowd—drawing attention to self.

Point out that some clothes have a special purpose:

Bras give support to women's breasts.

Wearing a bra can improve a woman's appearance.

Athletic supports and cups give support and protection to men's genitals.

Bras and jockstraps absorb perspiration and retain odors.

Bras and jockstraps should be washed after wearing them.

Discuss appropriate/inappropriate places to undress:

People undress only in certain places. Some parts of our body are private and personal and not for others to see or touch.

We undress in private.

We do not undress in public.

When you are in private, you are alone at home in your bedroom or bathroom.

When you are in public you are among people—at work, in your living room, at the movies, etc.

Undressing in public is against the law; adults who undress in public can be arrested.

Ask these questions to stimulate discussions:

What would you think if a naked woman came over to talk to you? Explain yourself.

Where do you think she could walk around without clothes? Explain your reasons.

What places are public places/private places?

Check the client's understanding by asking client to tell you if it is all right to undress in these places:

Bathroom at home
Car
Shoe store
Doctor's office
Bus
Living room
Locker room
Dentist's office
Workshop bathroom
Hospital waiting room
Bedroom
Movie house

Manners

Discuss why manners are important.

Talk about what good manners are in the following situations:

At home, especially private and public rooms
At school
In public
With friends, family, neighbors
At the table

Introductions

Demonstrate the appropriate way to introduce yourself.

Practice shaking hands with someone.

Suggest topics to start conversations, such as the weather, bus service, time.

Demonstrate the appropriate way to introduce two people who do not know each other. Point out that providing some information of interest about each person helps them begin a conversation.

Role-play introducing one person to another.

Talking with strangers

Discuss topics one can talk about with acquaintances or strangers socially or at a bus stop.

Explain that it is inappropriate to discuss private things with acquaintances/strangers.

Review public/private, appropriate/inappropriate behaviors.

Showing affection

Discuss differences in families or groups of friends in amount of physical affection shown.

Explain that physically showing affection with relatives, boyfriends/girlfriends is appropriate some places and not other places.

Explain that physically showing affection (hugs, kisses) is a private behavior.

Discuss locations such as the movie theatre, airport, grocery store, home, etc. as being appropriate/inappropriate for hugging, kissing.

COMMUNITY RISKS

Having ID available

Explain that everyone should carry an ID card with his or her name, address, and phone number on it.

Carrying money

Discuss appropriate handling of purse, wallet, and money.

Help client decide how much money to carry on an average day. Explain that a person should not carry more money in the purse or wallet than will be needed that day.

Point out that...

— The best place to carry a wallet is in a front pocket, not a back pocket.

— People should not let others see their money or know how much money they have.

— People should not take money from their wallets/purses unless they are paying for something.

— A stranger who sees the client's money might want or try to steal it.

— Client should not buy drugs, liquor, cigarettes, pornographic materials, appliances, etc. from people on the street. Such items may be stolen or illegal merchandise.

Role-play situation where someone wants client to take out wallet and show off money.

Getting lost

Point out that police, bus drivers, cab drivers, store clerks are potential helpers. Discuss how to find these helpers.

Role-play situations in community if possible.

Potential dangers

Explain that there may be persons in the community who would hurt or take advantage of others.

Personal safety rules

Stress rules for personal safety:

Your body is personal; it belongs to you.

Keep your clothes on in public.

Say "No" when someone asks you to do something you do not want to do.

Get away from the person bothering you.

Tell someone.

Talking to people at bus stops

Explain that it is inappropriate to discuss private matters at the bus stop.

Ignoring inappropriate persons or behaviors

Explain that one should not talk or sit beside a person who speaks of inappropriate or private things.

Role-play and discuss the following situations:

Sexual approaches
People asking for handouts
People who talk of inappropriate things
Getting away from people who are being inappropriate on bus
Refusing to buy anything when not in a store
Getting away from people who are drunk or on drugs

Taking rides

Explain that hitchhiking is unsafe.

Explain that picking up hitchhikers is unsafe.

Explain that accepting rides from strangers or acquaintances is unsafe.

Discuss possible consequences: being robbed, beaten, raped, killed.

Public restrooms

Explain that when looking for a bathroom in the community, one must look for signs that say, "Restroom," "Men," "Women," etc.

Discuss the variety of names and symbols on doors designating men and women. Ask client what other signs might appear on restroom doors.

Explain that one should not loiter in public restrooms.

Discuss approaches by strangers when in restroom. Role-play ways to handle such a situation.

Sexually deviant behavior

Explain that not all persons think that sexual contact is only for husband and wife.

Explain that there may be people in the community who will encourage them to have sexual contact or remove their clothes for purpose of exhibition or anal or oral copulation.

Venereal disease

Explain that venereal disease is a disease that can be acquired in sexual contact with another person.

Explain that client should report any sore, soreness, itching, or irritation of the genitals to medical personnel.

AIDS

Discuss how AIDS is contracted.

Explain how and why a male should use a condom and that females should insist that their partners use a condom.

Rape

Explain that rape is one person's forcing another person to have intercourse. Explain that rape is not always a man raping a woman.

Discuss why clients are vulnerable and why they must be aware of danger of rape. Review appropriate dress, behavior, public image, talking with strangers.

Discuss the following topics concerning rape:

Physical act; not only tearing off one's clothing
Lack of mutual consent
Emotional trauma
Criminal offense
Whom, when, and why to notify after a rape or attempted rape

Explain ways to avoid rape:
- Not walking alone on deserted streets
- Not walking alone at night
- Not spending time with strangers in the community
- Not letting strangers into the house
- Not hitchhiking or picking up hitchhikers

Emphasize adult responsibilities by discussing these points:

- Is free of body odors and wears clean clothes
- Eats properly and exercises everyday
- Does not force anyone to have sex
- Uses polite language
- Undresses only in private
- Knows own ability to support and care for a baby; does not have unprotected sexual intercourse if he or she do not want to make a baby

Death

Explain that sadness is acceptable when a person you know dies.

Discuss expressions of sadness, grief, anger, joy.

Discuss talking to family members of deceased person.

Discuss the fact that all people die.

Discuss the aging process as a time when friends or relatives leave through death.

Discuss life after death.

PERSONAL AWARENESS

Body parts

Discuss when it might be appropriate to use proper terminology of the body parts:

- When participant has yearly examination.
- When body part hurts so participant can communicate to parents, medical personnel.

FEMALE BODY PARTS

EXTERNAL

Breast

Explain that the function of the female breast is to produce milk to feed newborn infants.

Explain that both males and females have breasts, but male breasts do not produce milk.

A woman's breasts may be different sizes, and this is probably normal.

Breast examination

Discuss the breast examination as it occurs in annual physical examination and attempt to reduce fear.

Explain the purpose of the breast examination is to determine any internal/external abnormalities.

Axillary hair/pubic hair

Explain that having axillary and pubic hair in adulthood is normal.

Explain that both adult males and females have axillary and pubic hair, but that children do not have axillary or pubic hair.

Discuss differences of hair distribution due to heredity or drugs.

Some women choose to shave axillary hair. (Review hygiene.)

Clitoris

Explain that the function of the clitoris is sexual excitement.

Indicate similarities between penis and clitoris.

INTERNAL

Urethra

Explain that the urethra is the passage from the bladder.

Vagina

Explain that the vagina is the passage from the uterus. Its functions include:

Birth canal
Area that receives male penis
Outlet for menstrual discharge

Hymen

State that some women do not have this, or the tissue is very pliable.

Indicate the location of the hymen tissue.

Uterus

State that the function of the uterus is to contain and provide nourishment for a fertilized egg.

Cervix	State that the cervix is at the base of the uterus.
Ovary	State that the function of the ovaries is to produce an ovum or egg.
Ovum or egg	State that the function of the egg is to combine with male sperm to produce a baby. One half of each baby's physical traits comes from the father and one half from the mother. Discuss multiple births.
Fallopian tubes	State that the fallopian tubes carry the ovum to the uterus.
Pelvic examination	Point out that examination is done during annual physical. A woman lies on her back during a pelvic examination. Discuss to reduce fear. Explain that the reason for the pelvic examination is to determine any abnormalities in the external genitalia, cervix, and vagina.
Buttocks	Explain the function and location of the buttocks. The buttocks are the backs of hips that form the fleshy parts on which a person sits.
Anus	State that the anus functions as the opening for stool to come out of body.
Rectal examination	Explain that the reason for the examination is to check the opening and feel if some things are unhealthy in abdomen.
Puberty	Describe the normal maturation process of the female body: Girls are born with a uterus, ovaries, and fallopian tubes. At age 9 or 10, the ovaries begin to produce eggs. Pubic and axillary hair begin to grow. Breasts begin to grow. Discuss varying age of onset of puberty.

Discuss normal and abnormal differences among females.

State that everyone's body is different in some respects and similar or the same in other respects.

Recall previous discussions about what parts of the female body differ from a male's body and how everyone's body is of different size.

Discuss how the clients felt as their body parts grew.

Menstrual cycle

State that the menstrual cycle is the process from the formation of the egg to menstruation.

Describe products that are used when females are menstruating.

Explain where feminine hygiene products may be obtained and methods of disposal of those products.

Stress the importance of cleanliness during the menstrual period.

Explain the process of menstruating and why females menstruate.

> The egg is released about the 15th day of the cycle and continues until the lining is shed at the end of the cycle.
>
> During the menstrual cycle, this part of a woman's body is a very busy place. Many interesting things are happening. Each thing that happens must happen at just the right time and in just the right way.

Present the following sequence of events in the menstrual cycle:

> Days 1 to 14 (first day of the menstrual period is day #1 of the menstrual cycle): Egg forms in the ovary. It is inside a hollow ball about the size of a pinhead.
>
> By day #14, the hollow ball with the egg has grown to be the size of a pea. Let client hold a dried pea.
>
> As the egg grows, it gives off a substance called hormones. This makes the walls of the uterus thick and spongy and filled with blood.

About day #14, the pea-sized ball bursts open and the egg inside it floats out into the fallopian tube on its way to the uterus. The ball is left behind, and it keeps on making hormones.

If there is a sperm in the fallopian tube, and if the sperm and the egg come together, we say that the egg has been fertilized. This means that together the egg and the sperm have started to make a baby.

The fertilized egg continues on its way to the uterus. It immediately fastens itself to the uterus and the process of forming a baby begins.

The blood stored in the thick walls of the uterus and the hormones still being produced by the little hollow ball, feed the unborn baby, keeping it alive and growing until it is ready to be born. The woman does not menstruate while the baby is growing because the baby needs all of this nourishment.

If the egg is not in the right place at the right time to meet the sperm ("About the time it takes for you to clap your hands. Try it."), fertilization does not take place. No new baby is started. An egg can be fertilized any time it meets with a sperm, however.

If fertilization does not take place, no nourishment is needed to feed the baby. The supply is gradually withdrawn. Finally the spongy lining of the uterus starts draining off into the vagina.

The menstrual period has begun. The egg also is discharged at this time. Most women menstruate about every 28 days, and the blood flows for about 5 days.

Explain what to do when the menstrual cycle is interrupted. Many things could cause this: a hysterectomy, illness, emotional problems (tension), change of living conditions and locale.

An interruption in the cycle might indicate a serious medical problem. (At this point, be sure each client can name a specific reliable person from whom to ask advice or talk about discomfort.)

Discuss the special care that menstruation requires:

Menstruation blood can stain clothes.

Menstruation blood has a strong odor.

Women who menstruate should protect their clothing and should keep themselves clean.

Washing the genitals daily with soap and water helps prevent body odor.

Sanitary pads and tampons absorb menstrual blood and protect clothes.

Sanitary pads and tampons should be changed 4 or 5 times each day.

Menstruation is private; change pads and tampons in private.

Wrap sanitary pads and tampons and throw them in garbage pails.

Good manners suggest that women do not discuss their menstruation in public.

Discuss correct social behavior concerning menstruation.

Discuss where and with whom a woman should converse with others about matters pertaining to menstruation.

Discuss appropriate and inappropriate clothing such as dresses and slacks that are too tight, shorts and skirts that are too short.

Review personal hygiene.

Vaginal Discharge

Point out that...

— Women also have vaginal discharges.

— Vaginal discharges are different from menstrual discharges.

— Most vaginal discharges are natural.

— Vaginal discharges are more noticeable at certain times.

— Some vaginal discharges are signs of infection.

— Vaginal infections can cause itching, burning sensations, and swelling.

— Women who suspect they have a vaginal infection should see a doctor.

Menopause

— Menopause is the tapering off and cessation of menstrual cycle.

— Tapering off and cessation of menstrual cycle takes place in women who have reached 45 to 50 years of age (this may vary).

— This process is as natural as the menstrual cycle and should not be feared.

— Eggs are no longer formed in the ovaries.

— Some hormones are still produced.

— Hormonal imbalances have been connected to mood swings, hot flashes, etc.

MALE BODY PARTS

EXTERNAL

Chest, axillary, pubic hair

State that developing chest, axillary, and pubic hair is normal during puberty.

Penis

State that the function of the penis is for sexual excitement, an organ for entering the female vagina, and it contains the urethra or tube from bladder for urination.

State that circumcision is the removal of skin covering the end of penis.

Point out that...

— Circumcision may be a religious rite (Muslim/Jewish).

— Circumcisions is also done for health reasons. It makes it easier for a man to keep his penis clean.

— Some people choose to have this done and some people do not.

— Hygiene of uncircumcised penis is important.

Erection of the penis

State that an erection is when the penis is hard and forward.

Ejaculation

State that ejaculation is when white fluid (sperm and semen) spurts out of the penis.

Wet dreams or nocturnal emissions

Point out that...

— Normal sexual excitement causes nocturnal emissions. They occur during sleep and result in ejaculation. This is a normal activity.

— Wet dreams cannot be controlled.

— During sexually exciting dreams, the penis becomes hard and semen comes out of it.

— Semen is a white, thick, sticky fluid.

— Semen is made in a man's sex organs.

— Semen comes out of the penis during a wet dream.

— Semen comes out of the penis during intercourse.

— Semen comes out of the penis when a man masturbates.

— Semen contains sperm.

— Semen soils night clothes and bed clothes.

— Soiled clothes should be laundered.

— Washing the genitals with soap and water washes away the semen and prevents body odors.

Urethra

State that the function of the urethra is to carry urine from bladder.

Scrotum

State that the scrotum is a sac housing testicles.

Testes	State that the testes are found in the scrotum and their function is to produce the sperm.
Examination of testes	State that the reason for examination of testes is to feel for anything abnormal. Discuss to reduce fear.
	INTERNAL
Sperm	Point out that. . . — The function of sperm is to combine with the female egg or ovum to produce a baby. — The sperm has a head and tail. — The tail allows sperm to move. — Sperm contains one-half of the physical traits that parents give to a baby. The other half is found in the egg. — The sperm determines the sex of child.
Vas deferens	State that the function of this tube is to carry sperm from the testes.
Seminal vesicles	State that the function of the seminal vesicles is to produce the whitish fluid (semen) that carries the sperm.
Prostate	State that the prostate is a gland that forms a part of semen and mixes with sperm.
Prostate examination	State that a prostate examination is to determine if the gland is normal. This examination is done during the yearly physical examination. Men stand during the examination and lean on table.
Buttocks	Name the function and location of the buttocks. The buttocks are the backs of hips that form the fleshy parts on which a person sits.

Anus

Explain that the function of the anus is to provide an opening for stool to come out of body.

Rectal examination

State that the reason for the examination is to check the opening and tell if anything is unhealthy in abdomen.

Discuss to reduce fear. The examination is done during the annual physical. People lie on their sides for the examination.

Puberty

Describe puberty as the normal maturation process.

Describe the normal maturing process of the male body.

> Boys are born with testes and scrotum.
>
> At age 10 to 14, they begin to mature.
>
> Hair grows at the midline of abdomen; pubic hair, face, chest, axilla hair grows. The larynx (voice box), penis, and scrotum grow.

Discuss normal differences among boys.

Discuss varying age of the onset of puberty.

Private Parts

Point out that...

— Private parts are body parts covered by a bathing suit.

— Private parts should always be covered in public.

— Men and women have some body parts that are the same: nose, hair, neck, nipples.

— Men and women have some body parts that are different:

> Men: hair on face and chest, large muscles, penis, testicles.
>
> Women: breasts, vagina, clitoris.

— Men and women have different genitals.

— Genitals are sex organs.

— Sex organs are private parts of our bodies.

- Sex organs are used for reproduction and sexual pleasure.
- There are slang terms and polite terms for our sex organs and their function.
- Adults are expected to use polite terms when talking about sex organs and their function.
- Polite terms are *penis, testicles, vagina, breasts.*
- Men and women have different openings to eliminate urine. Both men and women have an anus to eliminate bowel movements.
- Urine is liquid waste.
- Bowel movements (feces) are solid wastes.
- Men eliminate urine through the penis. The penis is also a sex organ. Sperm and urine cannot come out of the penis at the same time.
- Women eliminate urine through a special opening close to the vagina.
- The vagina does not eliminate urine.
- The vagina is a woman's sex organ.
- The vagina carries menstrual blood out of the body.
- The vagina is also the birth canal.

Acknowledge again that it is embarrassing to see nude figures and to discuss body parts.

Normal differences between individuals

Discuss the normal differences that exist between one person's body and another's. For example, breast size, penis size, height, weight, etc.

Point out that...

- Bodies and body parts are different in size and shape.
- Some adults are tall and some are short.

— Some women have large breasts, while others have small breasts.

— Some men have penises that are larger or smaller than other men's.

— Some men have a circumcised penis.

— Some people have large feet and some have small feet.

— Some people have blue eyes and others have brown eyes.

— Some people have a lot of hair on their arms while others have only a little.

— This does not mean one person is better than another.

— This does not mean one man is more masculine than another.

— This does not mean one woman is more feminine than another.

— This means that people are the same in some ways and different in others.

Masturbation

Point out that...

— Masturbation is OK for both men and women.

— Masturbation is not harmful to a person unless excessive or misused.

— No one is required to masturbate.

— Genital area itching, rashes, etc., should be reported to medical personnel.

— Washing the genital area after masturbation is important.

Homosexuality

State that homosexuality is sexual feeling/contact between two persons of the same sex.

Discuss choice vs. coercion in homosexual relationships.

Discuss societal views of homosexuality.

Discuss terms: *gay, lesbian, butch, fag, fairy, etc.*

Bisexuality

State that bisexuality involves a person who has sexual feeling/contact with persons of the opposite sex and of the same sex.

SEXUAL RELATIONSHIPS

Dating

State that dating is for two people of the opposite sex who enjoy spending time together.

Define *petting* as touching another person on the genital area or other private parts of body.

Discuss petting as being appropriate for people with serious relationships and marriage.

Point out that during petting, a man and woman both become sexually aroused.

Review private body parts.

Discuss choice involved in dating relationships.

Marriage

Explain that marriage is a type of relationship between people.

State that people have the choice to get married or remain single. ·No one life-style is better than the other.

Discuss reasons people may decide to marry or remain single.

Explain that there is a legal process necessary for a couple to marry.

Discuss legal requirements, i.e., blood test, license, age limit.

List the people who can legally perform marriages.

Explain that there is much preparation for a couple before they marry.

Point out that...

— Readiness for marriage depends on whether each person is mature and can cope with life itself.

— Readiness for marriage consists of physical, intellectual, emotional, psychological, and sexual readiness.

— Marriage is a shared responsibility that involves doing housework, preparing meals, rearing children, working, budgeting, etc.

— Employment is necessary if people want to marry.

Discuss finding a place to live and the expenses entailed, such as food, clothing, insurance, rent, utilities, recreation, etc.

Discuss how people meet and the length of time people should know each other before deciding to marry.

Discuss similarities and differences two people may have.

Discuss the importance of mutual discussion, sharing feelings on many subjects, the sharing of problems.

Explain what is meant by a "give-and-take" relationship.

Explain the importance of carefully selecting the appropriate mate.

Explain that there are on-going decisions a couple has to make.

Discuss decisions of marriage such as whether to have children or not, where to live, jobs, roles, budgets.

Role-play making a decision (problem solving).

Explain that marriage is a big step and it takes work on the part of each person to maintain a good relationship.

Stress the seriousness of marriage, emphasizing the commitments two people make to each other. Emphasize that it does indeed take work to keep a high level of communication, which is necessary for a good marriage. Dispel the fantasies regarding marriage.

Explain that marriage is an intimate relationship.

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Discuss the emotional closeness of a couple and the physical expression of love, e.g., kissing, petting, touching, holding, being naked. Discuss appropriate, private behavior.

Intercourse

Define intercourse as a man's penis entering a woman's vagina.

Discuss biological purpose and definition of intercourse.

Discuss slang terms/medical terms for intercourse.

Review male/female reproductive system.

Explain that intercourse is a physical expression of love and emotion that feels good.

Explain that intercourse is a behavior done in a private place. Discuss where private place is—in bedroom, home.

Point out that intercourse without birth control can result in pregnancy. A woman can become pregnant as a result of having intercourse.

Explain that pregnancy is when a woman is going to have a baby. Explain fetal development.

Pregnancy

Point out that a man and woman are both needed to make a baby:

> When a man places his penis in a woman's vagina, they are having sexual intercourse.
>
> When a man and woman have intercourse, sperm leaves the man's body and enters the woman's vagina.
>
> The man's sperm travels up the vagina to the woman's egg.
>
> When the sperm joins the egg (fertilization), the egg begins to grow.

Explain that a woman should go to a doctor when she thinks she might be pregnant.

> A pregnant woman needs special care.
>
> She needs to be seen regularly by a doctor or clinic (prenatal care).

She needs to protect herself and the fetus from injury or infection.

She should not take medication unless prescribed by her doctor.

She needs rest, exercise, and a good diet.

Point out that some pregnant women feel well; others do not.

Some pregnant women feel happy, energetic, and radiant.

Some pregnant women feel nauseated and tired.

Some pregnant women feel unattractive and moody.

Discuss the changes in a woman's body during pregnancy:

Her uterus and abdomen stretch.

Other organs move aside to make room for the growing fetus.

She will need to urinate more frequently.

She may become constipated.

She will gain weight.

Her breasts will become larger.

Explain that the baby grows in the mother's uterus.

The growing egg is called a *fetus*.

The fetus grows in the uterus (womb).

A woman is pregnant when her uterus has a growing fetus.

Point out that...

— A woman does not menstruate when she is pregnant.

— When a woman misses her regular menstruation, she may be pregnant.

- When a woman is pregnant, she may feel nauseated and her appetite may change.
- When a woman is pregnant, her breasts may feel tender.
- If a woman thinks she is pregnant, she should see a doctor.
- A pregnancy test (blood or urine test) will tell the doctor if a woman is pregnant.
- A woman is pregnant for nine months.
- During this time the fetus grows in the uterus.
- In the beginning the fetus does not look like a baby.
- After four months the fetus begins to move and kick inside the uterus.
- A fetus is nourished through a tube (umbilical cord) connected to the mother (placenta).
- After birth, the navel (belly button) shows where the baby was once attached to its mother.

Birth

Explain that birth is the process of the baby's leaving the uterus through the vagina.

When a baby is ready to be born, a woman's body goes into labor.

When the fetus is ready, muscles begin to push it through the vagina (birth canal).

When the muscles begin to work, the woman is in labor.

Labor can last many hours.

Labor is painful.

Labor pains feel like very severe menstrual cramps.

Sometimes medication is given to ease the pain.

Many women learn how to help themselves and their baby during labor. These women learn how to control their muscles and their breathing.

The vagina stretches like a rubber band to let the baby through.

A doctor or midwife helps the mother deliver the baby.

In some cases the baby is removed from the uterus by surgery (caesarean section).

Discuss newborn babies:

Most newborn babies are healthy.

Most newborn babies have no special problems.

Some newborn babies are not properly formed.

Some newborn babies were injured in the uterus.

Some newborn babies were injured during birth.

Discuss premature babies:

Some newborn babies are born prematurely.

When a baby is developed but leaves the mother's body before nine months, it is a premature baby.

Premature babies need special care.

As premature babies grow, they may have special problems.

Some may have learning problems such as mental retardation or learning disabilities.

Some may have physical problems such as cerebral palsy or hearing impairment.

Some may have no problems.

Not all problems are discovered at birth. Some problems are first discovered as the child grows and begins school.

Abortion

Discuss abortions:

Pregnant women who do not want to have a baby may decide to have an abortion (therapeutic, elective).

Explain that induced or therapeutic abortion is a surgical procedure performed to terminate a pregnancy.

During an abortion, the doctor removes the fetus so that it will not continue to grow.

Most abortions are done in a hospital or a special clinic.

Abortions must be done before the 24th week of pregnancy, preferably as early as possible.

Some states may restrict abortions.

Some people are opposed to abortions.

Pregnant women who do not want to keep their babies, but do not want to have an abortion, can release their babies for adoption.

Discuss possible reasons for an abortion: something may be wrong with the baby, the mother may be ill, or she may have had an accident.

Compare induced or therapeutic abortion (a decision is made) with spontaneous abortion or miscarriage.

Discuss the importance of going to your physician if such a decision must be made.

Explain that miscarriage occurs when the fertilized egg is spontaneously shed from the uterus, terminating the pregnancy.

Miscarriage

Discuss miscarriage:

Some fetuses do not develop as they should.

These fetuses may die and leave the woman's body too soon.

This is called a *miscarriage.*

A miscarriage before twelve weeks is called a *spontaneous abortion*.

Birth control

Discuss birth control:

Men and women cannot control their sexual feelings, but they can control what they do when they have these feelings.

Sexual intercourse is one way men and women can express their sexual feelings.

Sexual intercourse is also the way men and women make babies (reproduce).

Whenever men and women have sexual intercourse, they risk making a baby.

Some men and women do not want to make babies.

These men and women can decide not to have intercourse.

These men and women can decide to use contraceptives.

Effective birth control allows married couples to have intercourse without pregnancy.

Contraceptives are devices used for birth control.

A doctor must prescribe the IUD, the pill, the diaphragm.

Birth control pills are taken by mouth daily.

An IUD is inserted in the uterus.

The diaphragm, contraceptive creams, foams, or gels are used in the vagina.

Contraceptive creams, foams, or gels can be bought in drugstores.

Condoms are contraceptives for men to use; they fit over the penis.

Condoms are bought in drugstores.

Withdrawal and douching are not birth-control methods.

Sterilization is a birth-control method.

Some men and women may decide to be sterilized.

Men and women who do not want to make a baby may decide to be sterilized.

Men and women who do not want to use contraceptives may decide to be sterilized.

Men are sterilized when the tubes carrying the sperm to the penis are cut and/or sealed (vasectomy). This is done by a doctor.

After sterilization, semen with no sperm in it will come out of the penis during masturbation and intercourse.

Women are sterilized when the tubes carrying the eggs to the uterus are cut and/or sealed (tubal ligation).

Women are also sterilized when the uterus is removed (hysterectomy). These procedures are done by a doctor.

Adults who are sterilized will never be able to make a baby.

Adults who are sterilized can still have sexual feelings.

Adults who are sterilized can still have sexual intercourse.

Many states have laws that decide who can and cannot be sterilized.

Discuss when to use birth control every time you have intercourse.

Point out that men and women are both responsible for birth control.

Review the choice factor regarding birth control and the importance of planning for children.

Parenting

Help clients understand the choice they have in whether or not to have children.

Explain that children require certain necessities: financial support, emotional support, time for parenting.

Stress the emotional needs of children and how demanding this can be on the parents.

Discuss some basic responsibilities of the parent in raising children: food, clothing, shelter, medical care, love, affection, acceptance, morals, system of values, willingness to make a life-long commitment to a child.

Point out that...

- Children cry, make messes, must have their pants changed, get sick, and at times are totally dependent.
- Very often parents must sacrifice something that they may want to do in order to take care of the child.
- Children can be warm, affectionate, and loving. They can make parents laugh and feel happy and proud.

Discuss the following topics about children:

How children are planned for and anticipated

Child abuse as a possible consequence of the unwanted child

The work involved with caring for children. Compare that work with a job outside the home.

Parenting is a shared responsibility that both parents accept.

Parenting is a life-long commitment to the child.

Divorce Explain that divorce is a legal termination of a marriage.

Discuss possible reasons for divorce:

Disagreements/arguments
Money problems
Change of feelings for each other in the relationship
Problems or concerns over children

Discuss other divorce-related topics:

- Mutual/individual choice
- Divorce rate
- Cost of divorce
  - Court
  - Alimony
  - Child support
  - Emotional cost
  - Community property
  - Societal label

Handle questions about divorce in participant's family in individual sessions. For example, "Did my parents divorce because I am mentally retarded?"

SUPPLEMENT 4

Sex Education Terms and Definitions

1. **ABORTION** — Forced or accidental removal or expulsion of a fetus from the mother's body before full pregnancy term so that the fetus does not survive.

2. **ABSTINENCE (sexual)** — Voluntary self-denial of sexual expression or behavior by an individual. It may or may not include all sexual activity.

3. **ADDICTION (sexual)** — Desire for sexual activity that becomes so habitual, dependent, and frequent that the individual exhibits symptoms characteristic of other addictions, such as nervousness, anxiety, depression, hyperactivity, and withdrawal. Such dependency may be physical, psychological, or both. (See also *Nymphomania*)

4. **ADULTERY** — Legal and religious term that describes either specific sex acts or a sexual relationship with a partner who is not the legal- and/or church-recognized spouse of an individual.

5. **AIDS** (*Acquired Immune Deficiency Syndrome*) — Condition that affects the body's ability to fight infection. AIDS is spread by sexual contact, needle sharing, and sometimes through transfused blood.

6. **ANAL INTERCOURSE** — Contact, union, or insertion of the penis, finger, tongue, of one person with the anal area or opening of another person. (See also *Oral-Anal Intercourse*)

7. **ANUS** — Posterior opening between the buttocks through which the solid waste of the body is discharged.

8. **ATTITUDE** — Refers to the thoughts, feelings, and emotions people have. These can be kept inside the person or they can be "let out" in the form of various behaviors. Another way to define attitude is to call it the "inside self," differing from behavior, which is our "outside self." (See also *Behavior*)

9. **BEHAVIOR** — Refers to the things peole do. The kinds of activity and actions we take and do to communicate, work, play, express ourselves, exhibit our feelings and emotions. Behavior can be expressed alone or around other people. Another way to define behavior is to say it is our "outside self," differing from attitude, which is our "inside self/" (See also *Attitude*)

10. **BESTIALITY** — Sexual activity between humans and animals.

11. **BEST RESPONSE** — In this course, the term refers to the most appropriate behavior the respite care provider can make to a client's sexual/sexuality situation.

12. **BIRTH CONTROL** — Any activity, control, or behavior done by a person or society that limits the number of babies produced. In addition to direct contraception, many people consider such things as abstinence, masturbation, homosexuality, etc. as birth-control methods. (See also *Contraception*)

13. **BISEXUAL** — A person who participates in sexual activity with persons of either sex; also a person who feels that way but may not express it sexually.

14. **BREASTS** — Male and female organs located on the chest that produce milk for infants. Normally the male organs do not produce, but both male and female breasts are often considered "sex organs" for the purposes of sex-typing as well as points of sexual stimulation. (See also *Erogenous Zones*)

15. **BUTTOCKS** — Posterior part of the body on which one sits.

16. **CIRCUMCISION** — Surgery that removes the foreskin of the penis. This is done both for medical/health reasons as well as religious reasons. Removal of the foreskin also exposes the glans penis, which is the most sensitive area of the penis.

17. **CLIMAX** — Peak of sexual activity or sexual stimulation. Characterized by numerous bodily changes (rapid heart beat, muscle tension, skin flush) followed by quick release of tension and possibly mild physical/psychological depression. At climax, males normally have ejaculation of semen; females normally have increased vaginal fluid flow. Climax is normally an extremely pleasurable physical/psychological sensation to most people. (See also *Ejaculation* and *Orgasm*)

18. **CLITORIS** — The small bean-shaped organ located at the entrance above the vagina and is the center of physical sexual feeling in most females. Normally will enlarge and possibly become somewhat erect during sexual stimulation.

19. **COITUS** — Penile-vaginal sexual intercourse to climax. (See also *Sexual Intercourse* and *Penile-Vaginal Sexual Intercourse*)

20. **CONCEPTION** — Successful union of the male sperm with the female egg so as to produce a fetus.

21. **CONDOM** — A form-fit rubber, synthetic, or animal-membrane sheath that fits over the erect penis during coitus to prevent the passage of sperm into the female reproductive tract. Other uses are to prevent or limit the transmission of sexually transmitted diseases. (See also *Contraception*)

22. **CONTRACEPTION** — Any action, activity, or device that prevents or limits the male sperm from getting to the female egg for fertilization. The more commonly used methods or devices are "The Pill," IUD, condom, diaphragm, rhythm method, withdrawal, spermicide. (See also *Birth Control*)

23. **COPROPHILIA** — A sexual attraction or preoccupation for human or animal excrement or the process of elimination of solid waste.

24. **CUNNILINGUS** — Form of sexual intercourse involving the contact or union of the mouth and tongue (male or female) with the female labia, clitoris, or outer vaginal tract. (See also *Oral-Genital Sexual Intercourse*)

25. **DIAPHRAGM** — Contraceptive device made of rubber or synthetic. It is cap-shaped and fits over the cervix (entrance to the uterus) and prevents or limits the movement of sperm toward the egg; normally used with a spermicide. (See also *Contraception*)

26. **DOUBLE STANDARD** — Usually means one set of sexual/sexuality standards that apply to men and another set of sexual/sexuality standards that apply to women. In broader usage it could mean double or multiple sets of standards that apply to any general population differences such as young/old, married/unmarried, rich/poor, white/nonwhite, normal/mentally retarded, etc. (See also *Sexual Standard*)

27. **DOUCHE** — A flush or spray that is used to wash out the female vaginal tract. Used for cleansing and hygiene purposes, it has limited value as a contraceptive and little value as a direct preventive for VD or STDs.

28. **EJACULATION** — Point during the sexual climax (orgasm) of the male when semen is ejected from the penis. (See also *Orgasm*)

29. **ERECTION** — The enlarged and firm condition of the penis during sexual stimulation. (See also *Sexual Arousal*)

30. **EROGENOUS ZONE** — Those parts or areas of the human body that, when stimulated, lead to sexual excitement. Normally they include the primary sex organs (penis, labia, clitoris, scrotum, etc.); may include the secondary sex organs (breasts) and other areas such as the mouth, lips, and ears. For some people it can and may include almost any part or area of the body.

31. **EXHIBITIONISM** — Displaying one's clothed, partially clothed, or nude body or other nonverbal body language that is sexual or sexuality related. It could be intended to sexually arouse, shock, or just to get the attention of another person. It could be a means of sexual nonverbal self-expression without necessarily any intended "sexual" result.

32. **EXTRAMARITAL SEX** — Sexual activity between a married person and someone other than his or her spouse.

33. **FELLATIO** — A form of sexual intercourse involving the contact or union of the mouth or tongue (male or female) with the male penis. (See also *Oral-Genital Sexual Intercourse*)

34. **FETISHISM (sexual)** — Attaching significant importance to something that is essentially nonsexual for the purposes of sexual stimulation or gratification. Fetishes can be directed toward parts of the body such as feet or hair, articles of clothing such as shoes, belts, underwear, or such things as color, music, odors, etc. A person with an extreme fetish usually cannot gain sexual satisfaction unless the fetish object is involved directly in the sexual activity.

35. **FONDLING (sexual)** — Touching, caressing, stroking, massaging parts of the body for the express purpose of sexual

stimulation; may be done to the self or to another person. (See also *Erogenous Zones*)

36. **FOREPLAY** — The fondling, kissing, petting for the purpose of sexually stimulating another person to the point of acceptance or readiness for further sexual activity.

37. **FORESKIN** — The folds of skin that extend over the head of the penis; removed by circumcision.

38. **GENITALIA** — The primary sexual organs external on the body. Male genitalia include male penis, testicles, and scrotum. Female genitalia include the labia, clitoris, outer vaginal tract, and sometimes includes the breasts.

39. **GLANS PENIS** — The head of the penis; the area most sensitive to touch and sexual stimulation.

40. **GRAFFITI (sexual)** — The writings (usually sexual slang) and drawings of sexually explicit or implied sexual activities that appear on non-media materials or surfaces such as walls, sidewalks, posters or magazine pictures in a public or semi-public place to be viewed by others.

41. **HETEROSEXUAL** — A person who normally restricts sexual activity to persons of the opposite sex; also describes sexual activity between persons of opposite sexes; also a person with characteristic male or female sex-role identity that matches sex type; also a person who only feels sexual attraction for persons of the opposite sex but might not engage in specific sexual activity.

42. **HOMOSEXUAL, HOMOSEXUALITY** — A person who normally restricts sexual activity to persons of the same sex; also describes sexual activity between persons of the same sex; also describes a person with characteristic male or female sex-role identity that is different from physical sex-type; also a person who feels sexual attraction only for persons of the same sex but might not engage in specific sexual activity. (See also *Lesbian*)

43. **HYMEN** — The thin tissue-like membrane that usually covers part of the vaginal opening. Its presence is not a reliable test for virginity because it may have never been predominant in a

particular individual or may have been removed through normal physical activity or masturbation.

44. **IMPOTENCE (sexual)** — Inability of the male to attain or sustain a penis erection sufficient for sexual intercourse. The term *male impotence* also includes some other forms of sexual dysfunction. The term *female impotence* replaces the term *frigidity* to include orgasmic dysfunction, as well as other forms of sexual dysfunction.

45. **INCEST** — Having sexual intercourse with members of one's immediate family other than one's spouse.

46. **IUD (Intrauterine Device)** — A mechanical contraceptive device that is placed inside the uterus. It is usually semi-permanently implanted and prevents either fertilization of the female egg by the male sperm or prevents implantation of the egg on the uterine wall. (See also *Contraception*)

47. **KISSING** — Touching one's lips to parts of another's body. It may be an expression of affection or love, or it may be a method of pleasuring or foreplay.

48. **LABIA** — The inner (labia minor) and outer (labia major) liplike folds of skin covering the entrance to the vagina.

49. **LESBIAN** — A female homosexual or a female homosexual relationship or act. (See also *Homosexual*)

50. **LIBIDO** — The level, intensity, or extent of an individual's sexual desire or sexual drive.

51. **LOVEPLAY** — Touching, stroking, massaging, kissing for the purpose of expressing affection or love or for the purpose of giving and receiving physical pleasure, not necessarily leading to sexual intercourse or sexual activity. When defined as leading to sexual activity, many people use the term interchangeably with foreplay. (See also *Foreplay* and *Pleasuring*)

52. **MASOCHISM (sexual)** — Demanding or requiring physical pain or psychological degradation in order to become sexually aroused or gain sexual satisfaction.

53. **MASSAGING** — Kneading, manipulation, or tapping of muscle, skin, or bone structure. Massage can be used to express affection, can be used for relaxation or therapy, or can be used as a pleasuring or sexual foreplay.

54. **MASTURBATION** — Stimulation of one's own or another's sex organs by hand or object (such as a vibrator) for the purpose of sexual stimulation or climax.

55. **MENSTRUATION** — The process of discharging the unfertilized egg, blood, secretions, and some tissue from the uterine walls at approximately four-week intervals in nonpregnant post-puberty females.

56. **NARCISSISM (sexual)** — Extreme self-admiration and self-love for the purpose of sexual gratification. It is more than normal self-respect and positive self-identity. Extreme narcissism may restrict one's ability to relate to other persons generally or sexually.

57. **NOCTURNAL EMISSION (wet dream)** — An involuntary discharge of semen during sleep, often accompanied by an erotic dream (fantasy).

58. **NYMPHOMANIA** — A term used to describe a female addiction to high sexual activity. There is little medical, scientific, or psychological evidence to support the use of the term other than to relate it to a continuous scale of degree of sexual activity or addiction for anyone. (See also *Addiction [sexual]*)

59. **OBSCENE (sexual)** — Anything sexual or sexually related that offends either an individual's standards or the standards of a given community. (See also *Sexual Standard*)

60. **ORAL-ANAL SEXUAL INTERCOURSE** — Contact or union of the mouth or tongue of one person with the anal area or anal opening of another person. (See also *Oral Sexual Intercourse*)

61. **ORAL-GENITAL SEXUAL INTERCOURSE** — Contact or union of the mouth or tongue of one person with the genitalia of another person. (See also *Cunnilingus, Fellatio, Oral Sexual Intercourse*)

62. **ORAL SEXUAL INTERCOURSE** — The union or contact of the mouth or tongue of one person with the genitalia of another person. (See also *Oral-Genital* and *Oral-Anal Sexual Intercourse*)

63. **ORGASM** — Used interchangeably with definition for climax. (See also *Ejaculation* and *Climax*)

64. **PEDOPHILIA (sexual)** — Sexual activity of an adult with a child.

65. **PENILE-VAGINAL INTERCOURSE** — Insertion of the penis into the vaginal tract. (See also *Penis* and *Vagina*)

66. **PETTING** — Sexual activity for the purpose of sexual stimulation. "Light" petting is not intended to lead to sexual intercourse. "Heavy" petting is usually intended to lead to sexual intercourse. Petting generally may only involve kissing and fondling, but may involve mutual or other-person masturbation. (See also *Foreplay*)

67. **PENIS, PENILE** — The primary male sex organ located between the legs through which both semen and urine pass.

68. **PLEASURING** — Touching, stroking, massaging, kissing for the purpose of giving and receiving physical pleasure but not for the express purpose of leading to sexual intercourse or specific sexual activity. (See also *Loveplay*)

69. **PORNOGRAPHY** — Erotic literature and art that has been judged by individual or community standards as harmful to individual or collective sexual behavior.

70. **PREMARITAL SEX** — Sexual activity before marriage.

71. **PROFESSIONAL** — In this course the term refers to the respite care provider's response behavior that is reflective of the client's need not just reflective of our own emotions and needs. It refers to behavior that is appropriate to the client and the situation, that is helpful toward the client's growth, development, and socialization, and that meets some standard.

72. **PROMISCUITY (sexual)** — A judgment by individual or community sexual standards that a person is engaging in sexual activity that is too "frequent," too "varied," or is with too many

partners. The most restrictive standard would be to say that a person who engages in sex with anyone but that person's own legal spouse is "promiscuous."

73. **PROSTITUTION (sexual)** — Selling or trading sexual activity for money or other items of specific material value.

74. **PSYCHOLOGY OF SEX** — The feelings, attitudes, and emotions we have concerning sex, sexuality, and sexual activity. The phrase also refers to various anxieties, neuroses, and psychoses related to sex and sexual activity.

75. **PUBERTY** — Stage of growth when rapid physical and chemical changes occur, reproductive cells become active, and physical sexual development increases.

76. **PUBIC HAIR** — Hair growth around the primary sex organ areas of the male and female.

77. **RAPE (sexual)** — Forcing a person to have sexual intercourse against that person's will or when the person is not able to give specific consent. "Force" could refer to physical force, threats, extortion, bribery, drugs, or trickery. The legal standard revolves around "specific consent" and whether any "penetration" occurred (usually in the mouth, anus, or vagina). Other types of forced sexual activity such as sexual assault or sexual harassment are usually not considered rape. (See also *Sexual Assault* and *Sexual Harassment*)

78. **RECTUM** — Lower part of the intestine that collects fecal waste matter from the body for discharge; located immediately above the anal opening.

79. **RHYTHM METHOD** — A contraceptive method where penile-vaginal sexual intercourse with the female occurs only during those times of the month when she is not fertile; one of the least-reliable contraceptive methods. (See also *Contraception*)

80. **SCROTUM** — Pouch-like organ that contains the testicles; located beneath the penis.

81. **SEMEN** — A thick, whitish fluid ejaculated from the penis during orgasm; contains sperm cells.

82. **SEMINAL FLUID** — The fluid that transports the sperm cells in the male.

83. **SEX** — Sex type (male or female) or sex role (man, husband, father, woman, mother, wife, boy, girl, masculine, feminine, etc.). Term also describes sexual activity, usually only intercourse, but can be used to describe other types of activity such as fondling, petting, masturbation, etc.

84. **SEXISM** — The placing and enforcement of men and women into traditional masculine and feminine sex roles without regard for their individual preferences or abilities; also the language and social customs that create barriers in the movement of people in and out of traditional roles.

85. **SEX OBJECT** — Any person or thing (a "thing" is regarded as a fetish) toward which intense sexual emotions or feelings are directed. In current usage the term refers to the use of a type of person (masculine "hero" or feminine "sexpot") and the exploitation of that image at the expense of whatever else that person might be.

86. **SEX ORGANS** — Reproductive organs of the female and male (egg and sperm organs, uterus, penis, vagina). As generally used, however, the term is interchangeable with genitalia. (See also *Genitalia*)

87. **SEX ROLE** — Traditional feminine and masculine sets of behaviors that individuals and societies expect of each other. (Males traditionally were supposed to be strong and silent; females were supposed to be weak, compliant, soft, and dependent.) Term also describes those sets of behaviors that individuals select for themselves to define their own sex roles (males may select some "feminine" behaviors, vice versa). (See also *Sex Type*)

88. **SEX TYPE** — The biological, genetic, physical, and psychological characteristics that, in sum, define the differences between the female and the male human. (See also *Sex Role*)

89. **SEXUAL ACTIVITY** — Any kind of behavior, alone or with partners, that involves indirect (fantasy) or direct stimulation of genitalia or erogenous zones. It can include anything from self-arousal to rape but may or may not result in sexual intercourse.

90. **SEXUAL ADVANCE** — A physical or verbal communication from one person to another that says "I want to participate in sexual activity with you."

91. **SEXUAL ADVANCE (covert)** — A subtle sexual advance that may or may not be interpreted by the receiver as an advance. It may or may not be intended by the sender as a specific sexual advance.

92. **SEXUAL ADVANCE (overt)** — A sexual advance, usually specific and to-the-point that the receiver may or may not interpret as a sexual advance. The sender usually intends it to be a specific sexual advance.

93. **SEXUAL AID** — Any device used to assist sexual stimulation, sexual activity, or sexual intercourse. Such items as vibrators, pillows, and lubricants are the most common. It includes also any aid for sexual activity by the physically handicapped, ill, or aged. Sometimes the category includes fetish objects and fantasy.

94. **SEXUAL AROUSAL** — Physical and emotional changes in the individual that increase the desire for sexual activity or bring a person to a point of readiness and acceptance of sexual activity or intercourse. In the male these changes include penis erection, skin flush, heavy and short breathing, muscle tension, and breast nipple hardening/enlargement. In the female these changes include clitoris hardening/erection, skin flush, heavy and short breathing, muscle tension, breast nipple hardening/enlargement, and increased vaginal fluid flow. (See also *Sexual Stimulation* and *Erection*)

95. **SEXUAL ASSAULT** — Any sexual activity short of rape that is forced on a person against that person's will or when the person is not able to give specific consent. Assault need not include actually touching the victim's body except perhaps as proof of such assault in a law court. Assault occurs if there is temporary or permanent psychological or physiological damage. (See also *Sexual Harassment* and *Rape*)

96. **SEXUAL BEHAVIOR** — Anything a person does to express sexual interest or sexual desires. The term does not include the expression of sexuality as sex type or sex role.

97. **SEXUAL HARASSMENT** — Any sexual activity or behavior forced on another person short of sexual assault. This can include anything from spoken or written comments and nonverbal signals, to touching as long as the recipient is not willing or not receptive. (See also *Rape* and *Sexual Assault*)

98. **SEXUAL INTERCOURSE** — Oral-genital, oral-anal, penile-vaginal, penile-anal sexual activity that includes some penetration. Term does not necessarily have to include orgasm by either or both partners.

99. **SEXUALITY** — The sum total of our attitudes, feelings, emotions, and behavior of "living-out" our interpretations of what it means to be a sex type (male or female) and sex role (woman or man). It may or may not include specific sexual activity.

100. **SEXUAL LANGUAGE** — Words, gestures, and descriptions used to describe sexuality and sexual activity. There are basically two types of sexual "language." The formal clinical language includes the medical and scientific terms. The informal language includes slang (often called the "other language" of sex). (See also *Sexual Slang*)

101. **SEXUALLY INTIMATE** — Two or more people engaged in some mutually acceptable form of sexual activity; also refers to two or more people who continue to have a relationship with frequent sexual activity.

102. **SEXUAL MYTH** — A widely held belief about sex, sexual activity, and sexuality that currently has no basis in fact, research, or supportable evidence.

103. **SEXUAL POSITIONS** — Various physical placements of the body and postures taken during sexual activity.

104. **SEXUAL SIGN** — Obvious or subtle hand, finger, eye, mouth, body gesture, or other "signal" that conveys a sexual message. Term can also mean a general style of dress or behavior intended to communicate a sexual message or interest.

105. **SEXUAL SLANG** — Often called the "other language" of sex, slang includes the informal "street" terms used to describe sexual activity or behaviors. Slang characteristically changes very rapidly, with new words being added and old ones dropped.

Slang is also closely culture/strata related, meaning that socially related groups of people will develop unique sets of slang terms. (See also *Sexual Language*)

106. **SEXUAL STANDARD** — A norm or rule of acceptable sexual/sexuality behavior for individuals, groups, or societies. Generally, acceptable behavior is considered "above" the standard. Not-acceptable behavior is "below" the standard. Social standards can be informally enforced or can be expressed in written laws, rules, or canons.

107. **SEXUAL STIMULATION** — Manipulation by words, actions, erotic items or situations, or sexual aids to increase a person's sexual desire or sexual interest. If the stimulation is successful, the person becomes sexually aroused. (See also *Sexual Arousal* and *Erection*)

108. **SOCIOLOGY OF SEX** — Generally includes all social relationships with other people concerning sexual/sexuality behaviors. It also includes various standards enforced by social groups and organizations. These behaviors and standards are judged in terms of social "levels," meaning that a person may act sexually different in different groups or around different people.

109. **SPERMATOZOA SPERM** — Male reproductive cells produced in the testicles and carried through the penis by seminal fluid during ejaculation.

110. **SPERMICIDE** — A contraceptive substance in the form of a foam or jelly that renders male sperm inactive. It is usually placed in the vagina immediately prior to vaginal intercourse, sometimes in conjunction with a diaphragm. (See also *Contraception*)

111. **SRD (Sexually Related Disease)** — Disease related to sexual activity. Term includes sexually transmitted diseases as well as psychological "diseases" such as anxiety, addiction, frigidity, impotence, premature ejaculation. (See also *STD* and *VD*)

112. **STD (Sexually Transmitted Disease)** — Disease or infection transmitted by direct physical contact during sexual activity. Term includes body lice, scabies, genital herpes, genital warts, and various other micro-organic infections of the penis, urinary

tract, anus, mouth, vagina, etc., as well as venereal diseases. (See also *SRD* and *VD*)

113. **STERILIZATION (sexual)** — Chemical, radiological, or surgical intervention that renders either the male or female semi-permanently or permanently infertile. Injury or disease can also cause sterility.

114. **TABOO (sexual)** — A strong, usually "unwritten" social standard that says certain sexual activity is strictly forbidden or that sets limits within which certain sexual activity can be performed. Although initiated culturally, many taboos have been written into law, rule, and canon.

115. **TEASE (sexual)** — A person who intentionally or unintentionally initiates verbal or nonverbal sexual stimulation with no intent to engage in further sexual activity; also the act of such stimulation.

116. **TESTICLES** — The egg-shaped male glands that produce sperm cells and are suspended in the scrotum.

117. **THE PILL** — A contraceptive chemical made of synthetic female hormones that, when taken by the female on a rigid schedule, will inhibit fertilization of the egg. The pill is a highly reliable birth-control method, but it has some problem side effects. (See also *Contraception*)

118. **UTERUS** — The female organ that holds the egg for fertilization and within which a baby grows until birth.

119. **VAGINA** — The female organ that connects the labia with the uterus and into which the male penis is inserted during penile-vaginal intercourse.

120. **VD (Venereal Disease)** — Usually refers only to the STDs of syphilis and gonorrhea but may have broader usage. The current preferred term is *STD* or *SRD*. (See also *STD* and *SRD*)

121. **VIRGIN (sexual)** — One who has not participated in sexual intercourse.

122. **VOYEURISM** — Sexual stimulation or sexual satisfaction gained from looking (usually) at persons partially clothed or persons who are undressing and are not aware they are being

watched. Broader usage includes looking at any person for the purpose of sexual stimulation. An even broader usage includes anything that can be picked up by the visual senses as a sexual stimulant. Related areas (for which there are yet no words) include non-tactile sensory stimuli (such as smell and hearing) that are used for sexual satisfaction or gratification.

123. **VULVA** — External parts of the female genitalia including the labia, clitoris, and immediate pubic area.

124. **WITHDRAWAL** — Removing a man's penis during penile-vaginal intercourse before ejaculation; not considered an effective method of contraception.

ASSIGNMENT SHEET 1

BASIC RESPITE CARE
ASSIST WITH SOCIAL AND PERSONAL AWARENESS

ASSIGNMENT 1

Identify Appropriate Responses

Name______________________________**Score**____________

INTRODUCTION

When you begin care for a client, you will need to discuss any concerns that you may have about special situations. If you are working with a client who uses inappropriate language, displays inappropriate behaviors, or has special problems, you will need to discuss these situations with the family. How do you handle the situations? Are you ready to put aside your personal feelings or attitudes about the situation and provide care as needed?

Your actions may reflect your attitude unless you are aware of your behavior and learn to manage it. Professional behavior involves managing your behavior without necessarily changing your attitudes. You may need to become more aware of your verbal and nonverbal communications. You do not want to send mixed messages to the client.

Most of your encounters with clients' sexual incidents will involve behavioral (physical) intervention. Remember, how you handle this situation will depend on the family rules when possible, but you must also consider what is socially acceptable. Encourage a client to follow socially accepted rules even if it is not clear to the client why the rule is important.

DIRECTIONS

Discuss how you would respond in an appropriate, professional manner to the situations given below.

A. Your client is in the living room watching television with a friend. Your client begins to masturbate.

B. Your client likes to answer the telephone; but lately he has been answering with "Hi, I love you."

C. Your client has just returned from school for the day, and you are discussing the day's events. He begins to tell you about how a man asked him to touch his private parts while in the restroom.

D. Your client's family confides in you that their mentally retarded son is creating a problem. At night, while others are asleep, the boy masturbates. When he ejaculates, he uses any available empty container (vase, jars, cups, etc.,) to catch the semen. How would you handle the situation?

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Assignment Sheet 1

A. Assess the situation. The client is in a public place, so ask your client to go to his room before continuing the activity. If he refuses, take steps to stop him or ask his friend to leave the room. Help the client find a private room. Document the situation and report.

B. Assess the situation. The behavior is inappropriate and should be discussed with the client. Explain that there is a correct way to expect him to answer the phone. Obtain a play phone and have the client practice appropriate telephone manners, including how to answer and what information to give out. Report and document.

C. Assess the situation, one of possible sexual exploitation. Ask the client to discuss the incident. If it appears necessary, notify the appropriate officials. Discuss how to handle such situations and praise the client for telling you.

D. Assess the situation. You are asked to be a resource for the family. Make sure the information is accurate and the solution practical. You may want to suggest that the family buy condoms and show the boy how to use them and discard them appropriately. The act of masturbation is appropriate when done in private. Showing the boy how to care for himself and dispose of the condom carefully will teach him an acceptable way to solve his problem.

ACTIVITY 1

Assess Personal Attitudes about Sexuality

INTRODUCTION

As a respite care provider, you will be asked to work with clients of varying social and personal skills. You may work with a client who is physically disabled and needs complete physical care, or you may be providing care for an individual who can lead a life close to normal with your help.

Many people assume that someone who is physically disabled (the disability could be a birth defect, accidental injury, or effect of advanced age) will no longer want to participate in sexual relations. But what if that person wanted to participate in a sexual relationship with some assistance from you? What if your care and attention could make it possible for a disabled person to continue sexual activity? Would you provide the care and assistance necessary such as bathing, grooming, or caring for tubes or collection bags? What if the couple were not married? What if it were a homosexual couple? Does age make a difference?

While caring for a mentally retarded client, should you provide information and/or assistance to enable your client to actively engage in a sexual relationship? Is it appropriate to teach a mentally retarded individual about social and sexual relationships? Are you ready for the issues surrounding masturbation, homosexuality, and inappropriate language that you may be expected to face while working with a client?

Several factors, such as cultural taboos and religious beliefs or family incidents, have left their impression on you in the form of restrictions or permissions and have helped develop your attitudes toward human sexuality. You are well aware of the social rules about wearing clothes in public and the type of clothes to be worn. You have been taught social skills and manners, and you know it is not proper to take money or candy from a stranger. You watch television, read books, go to movies, etc.—all ways to try out new ideas and consider consequences before you actually take action yourself.

No one is suggesting that your attitudes are incorrect, but you may need to consider other alternatives when working with physically or mentally disabled persons. Disabled individuals may have the same social-sexual needs usually considered appropriate for the average person, and they may need additional information or assistance to fulfill those needs. You will need to assess your own values and beliefs in regard to human sexuality before working with clients. Use this activity sheet to assess your own attitude about human sexuality before you continue with the unit. This activity is confidential. NO ONE will see this paper but you.

DIRECTIONS Check the appropriate space that indicates your feelings about the statements. Check strongly agree, agree, unsure, disagree, or strongly disagree.

1. Children should not be taught about sex; it only causes them to experiment.

   ( ) Strongly agree ( ) Agree ( ) Unsure

   ( ) Disagree ( ) Strongly disagree

2. A disabled person should forget about sex and just try to lead a normal life.

   ( ) Strongly agree ( ) Agree ( ) Unsure

   ( ) Disagree ( ) Strongly disagree

3. A mentally retarded person has a right to express sexual desires.

   ( ) Strongly agree ( ) Agree ( ) Unsure

   ( ) Disagree ( ) Strongly disagree

4. Premarital intercourse between consenting adults is all right.

   ( ) Strongly agree ( ) Agree ( ) Unsure

   ( ) Disagree ( ) Strongly disagree

5. Masturbation should not be allowed.

   ( ) Strongly agree ( ) Agree ( ) Unsure

   ( ) Disagree ( ) Strongly disagree

6. A retarded person should be allowed to use birth control.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

7. Masturbation for a mentally retarded person is normal and should be allowed.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

8. Masturbation for a physically disabled person is a normal way to obtain physical satisfaction.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

9. Older clients should be encouraged to continue sexual relationships.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

10. Birth control should be available to anyone who needs it.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

11. Homosexuality should not be allowed.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

12. If asked, I would help a client prepare for a sexual encounter.

( ) Strongly agree ( ) Agree ( ) Unsure
( ) Disagree ( ) Strongly disagree

13. Sexual intercourse is only for married couples.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

14. Masturbation is generally unhealthy.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

15. A mentally retarded person should be allowed to participate in a loving relationship even if that includes sexual activity.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

16. A mentally retarded person should be allowed to marry and have children.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

17. Mentally retarded people are more likely than normal people to be victims of sexual abuse.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

18. Using inappropriate words is normal behavior for a mentally retarded person.

( ) Strongly agree ( ) Agree ( ) Unsure

( ) Disagree ( ) Strongly disagree

TEST

BASIC RESPITE CARE
ASSIST WITH SOCIAL AND PERSONAL AWARENESS

Name________________________________**Score**____________

DIRECTIONS Answers all questions on a separate piece of paper.

OBJECTIVE 1 List five guidelines for teaching a mentally retarded client about social and personal awareness.

OBJECTIVE 2 Describe how you would provide a mentally retarded client with appropriate information about the following topics:

a. Menstruation
b. Birth control
c. Masturbation
d. Displaying affection in public
e. Private vs. nonprivate places

OBJECTIVE 3 List the steps or actions you would take in responding to the following inappropriate client behaviors:

a. Client exposes himself/herself
b. Self-abusive behavior
c. Foreign object used for sexual gratification
d. Sexual advances toward others
e. Masturbation

ANSWERS TO TEST

BASIC RESPITE CARE
ASSIST WITH SOCIAL AND PERSONAL AWARENESS

OBJECTIVE 1

Answers should include any five of the following

a. Discuss one topic at a time, in a logical order
b. Go from simple to more complex topics
c. Teach in several different ways
d. Have trial runs of situation
e. Repeat often with variations on situation
f. Consult client's family to find out if they have a preferred way for you to teach about sexuality
g. Provide accurate, legal information consistent with values of the family
h. Assume client has no prior knowledge of topic unless you know otherwise
i. Determine how much the client already knows about the topic and what information is needed or wanted at this point
j. Use words that the client understands; you can teach more appropriate words later if possible
k. Give instructions on the client's level of functioning
l. Discuss consequences of a behavior
k. Teach client about public and private places and activities
m. Discuss ways to avoid sexual exploitation
n. Do not lecture or moralize
o. Be alert to the client's need for more information
p. Tell the client's family about the information you shared with the client

OBJECTIVE 2

Evaluated to the satisfaction of the instructor

OBJECTIVE 3

Evaluated to the satisfaction of the instructor

OBJECTIVE SHEET

BASIC RESPITE CARE
DEVELOP COMMUNICATION SKILLS

INTRODUCTION

Communication is one of the most important factors in establishing working relationships with clients, family members and co-workers. The respite care provider will need to use effective skills in verbal and nonverbal communication, listening, and building trust. Using effective skills will make review of the medical history, emergency procedures, and daily routines easier to accomplish. As a member of a professional health team, the respite care provider will need to complete all forms for documentation to ensure the health and safety of the client, communicate with the family and other team members, and to document all health care as provided by law. The documentation on the care plan may serve as the only constant method of communication and enhance the relationship between family and caregiver.

UNIT OBJECTIVE

After completing this unit, you should be able to use basic skills in communication, observation, reporting, and recording.

PREREQUISITES

Before studying this unit, you should have successfully completed units "Plan a Career in Respite Care" and "Explore Legal Issues."

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Distinguish between types of verbal and nonverbal communication.
2. Identify barriers to effective communication.
3. Identify techniques for effective listening.
4. Identify factors that will be helpful in developing a trusting relationship with clients, family, co-workers, and supervisors.
5. Distinguish between objective and subjective information.
6. Conduct a "pre-care" information review.

7. Determine the care needs of a client from the care plan.
8. List observation skills used to contribute information to the care-planning process and give examples of each.
9. Identify the purpose of medical consent and release forms by choosing the correct purpose from a list of three choices.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements
  Supplement 1 — Pretest
  Supplement 2 — Answers to Pretest
  Supplement 3 — Individualized Study Guide
  Supplement 4 — Effective Listening Guide
- Transparency masters
  Transparency Master 1 — Medical Release Form
  Transparency Master 2 — Medical Consent Form
- Information sheet
- Student supplements
  Student Supplement 1 — Communicating with Clients
  Student Supplement 2 — General Rules for Charting
  Student Supplement 3 — Documenting the Client's Condition
  Student Supplement 4 — Purposes for Keeping Client Records
- Assignment sheets
  Assignment Sheet 1 — Distinguish Between Objective and Subjective Information
  Assignment Sheet 2 — Conduct a "Pre-Care" Information Review

Assignment Sheet 3 — Determine the Client's Needs From the Care Plan

- Answers to assignment sheets
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
3. Arrange for guest speakers.
   - Invite speakers from various profit and nonprofit agencies as well as volunteer programs to discuss client interview techniques and the types of information needed by their agency.

     EXAMPLES: Invite representatives from Department of Human Services, Association for Retarded Citizens, or Catholic Social Ministry to discuss the client/family interview and the specific data needed by their agency to process the request for respite care.
   - Invite a person who works with hearing impaired clients to discuss communication techniques. You may want to include a short course on signing for those who will be working with hearing impaired clients.
   - Ask parents of clients who will need respite care to help with client interviews and arrange for students to fill out the data sheets for their client.
4. You may choose to have students role-play interviews between client and care provider. If you choose to have

them practice reviewing information, you will need to provide additional information about changes in data. Ask the client to be hostile or very cooperative to allow practice for the respite care provider in reacting in a professional manner.

5. The video tape *Pre-Care Client Interview* used for Assignment Sheet 2 provides an example of an excellent role model for conducting an interview. It also illustrates examples of techniques for effective listening; see examples provided in Instructor's Supplement 4.

6. The video used for the final exam, *Pre-Care Client Interview: Final Exam* also provides an excellent example on how to handle hostile clients. Use your own judgement about whether seeing the same video for different emphases would be a problem.

7. Arrange for a film that explores verbal and non-verbal communication. (See film list)

8. Videotape the class session one day, then show the video. Watch for body language of the students.

9. Ask the students to demonstrate selected body language and discuss how a person could be giving the wrong signals with body language.

10. Show video of special-needs clients—*Respite Care: Who Needs It?* How would care providers establish communications with their clients?

11. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

1. Films, videotapes, and other media

   Note: These media are available to Oklahoma teachers on a free-loan basis. They may order from the Curriculum and Instructional Materials Center, Media Resource Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

Out-of-state teachers may order from the addresses listed with the media.

a. *A Measure of Understanding.* Color, 16MM, 29 minutes, 1973. Roundtable Films, Inc. 113 N. San Vicente Blvd., Beverly Hills, CA 90211. Film deals with a serious communication problem brought to light by recent behavioral research. Film explores how words may be sending conflicting messages when compared to body language.

b. *Communications: Nurse-Patient Relationships.* Color, 1/2" VHS, 24:26 minutes, 1986, Medcom/Trainex. Video deals with patients and their families and how they rely on nurses for many things besides medical care, such as counseling, education, and emotional support. Examples, guidelines, and techniques for handling communications effectively are also presented.

NOTE: Instructor will need to discuss how the respite care worker and his or her role is different from the nurse, yet they will encounter the same types of communication problems.

c. *Communications: Peer Relationships.* Color, 1/2" VHS, 18:35 minutes, 1986, Medcom/Trainex. Video discusses how vital communications are to the job of providing comprehensive and thorough patient care. Also, how good communications are important in establishing collaborative working relationships with peers.

d. *Communications: The Process.* Color, 1/2" VHS, 25:11 minutes, 1986, Medcom/Trainex. Video discusses how clear communication is a very complex process and essential aspect of each person's workday. A six-step communication process is discussed along with effective speaking and listening skills.

e. *Making the Most of Yourself.* Color, 1/2" VHS, 14 minutes, 1983. Agency for Instructional Tech. Video shows that Bill is willing to take additional training, adjust his schedule as needed, and fulfill his commitment when tired. Bobby is not. The host asks which of them is more likely to get ahead. Lee and Mr. Shuford dramatize how body language, choice of words, and tone of voice are important to effective communication. This film is not health-profession oriented but does illustrate the points well.

f. *Pre-Care Client Interview*. Color, 1/2" VHS, 10 minutes, 1988. Oklahoma State Department of Vocational and Technical Education, Stillwater, OK 74074.

   This video can be used to illustrate effective listening techniques, pre-care client interview to update information, and body language. This video is designed to be an integral component of the unit.

g. *Pre-Care Client Interview: Final Exam*. Color, 1/2" VHS, 15 minutes, 1988. Oklahoma State Department of Vocational and Technical Education, Stillwater, OK 74074. This video can be used to illustrate how to conduct a pre-care client interview to update information when faced with a hostile client. This video is designed to be used as part of the final exam; students will be asked to identify information for the exam from this video.

2. Transparencies and competency profiles

   NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special needs students.
2. Plan presentations to take advantage of student learning styles.
3. Provide students with objective and individualized study guide form.
4. Pretest qualifying students: administer written test and interview students to assess student competencies.
5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate. Don't forget to plan team study time for role play assignments.

    c. Indicate on the study guide reading and study assignments. Include media.

    d. Return individualized study guides and provide students with supplementary materials, including LAPS if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs and plan activities for each class period.

2. Prepare classroom.

- Arrange for use of the equipment needed for media.
- Display cartoon posters or signs that illustrate communication techniques such as body language, verbal cues, etc.

3. Introduce unit by discussing unit introduction on the objective sheet.

4. Discuss unit objective.

5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheet

   a. Discuss Objective 1 and relate how important effective communication is for respite care workers and their clients.

      - Discuss verbal and non-verbal communication, present film *A Measure of Understanding* and discuss situations students have encountered on a similar basis. View television commercials for examples of body language.
      - Present video *Communications: Nurse Patient Relationship* and discuss guidelines and techniques for handling communication. Be sure to relate this information to the role of the respite care worker as a health professional.
      - Review Student Supplement 1, "Communicating With Clients." Discuss techniques for working with clients who may have communication disabilities.
      - Have a guest speaker from an agency that provides services for clients with hearing disabilities, speech or language problems, or sight problems.

b. Discuss Objective 2 on barriers to effective communication.

c. Discuss Objective 3 on techniques for effective listening

  - Present video, *Communications: The Process*. Discuss effective speaking and listening skills.
  - Create a communication game (or play the old game "gossip") to illustrate the necessity of good communication.
  - Present video, *Pre-Care Client Interview*, review effective listening techniques used. Use Instructor's Supplement 4 for examples.

d. Discuss Objective 4 on developing trusting relationships.

  - Present video *Communications: Peer Relationships*. Discuss how poor communication will hinder working relationships with family, client, and health team.

e. Discuss Objective 5 on objective and subjective information.

  - Discuss Assignment Sheet 1. Complete and evaluate Assignment Sheet 1.
  - Review Student Supplements 2,3,4. Discuss how this applies to the respite care worker. Be sure to emphasize that all records are legal documents.

f. Discuss Objective 6 on "pre-care" information review.

  - Provide opportunities for role-play similar to Assignment Sheet 2. Parents may be recruited to role-play the client and provide information.
  - Discuss Assignment Sheet 2. show video *Pre-Care Interview*. Complete and evaluate Assignment Sheet 2.

g. Discuss Objective 7 on care needs and care plan.

- Discuss information in data given about client.
- Discuss how to locate specific information and write the care plan/schedule.
- Provide copies of care plans and changes that should be made in regard to daily schedule, medication, vital signs, etc. Point out that providers will need to legally document all information.
- Discuss Assignment Sheet 3. Complete and evaluate Assignment Sheet 3.

h. Discuss Objective 8 on observation skills.

- Ask the students to use the observation skills in the classroom environment. Discuss examples observed.
- Get copies of various forms used by a local or state respite agency. Go through the forms and show the students how to fill them out.

i. Discuss Objective 9 on medical consent and release forms.

- Review forms and their purposes.
- Use the transparency for each form to discuss the information needed on each form.
- Go over the medical forms and show how the students should fill them out.

7. Give test; show *Pre-Care Client Interview: Final Exam*.
8. Reteach and retest as required.
9. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCE

Sloan, James Reid. *Practical Nursing I.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1981.

SUPPLEMENT 1

Pretest

Name____

DIRECTIONS

Complete the following questions as indicated. Be sure that you give complete answers. To demonstrate mastery, you must score at least 80 percent correct on each objective.

1. Distinguish between methods of verbal and non-verbal communication by marking each verbal method of communication with a "V" in the space provided.

   ____a. Writing a letter

   ____b. Talking on the telephone

   ____c. Sitting quietly at the table

   ____d. Watching television

   ____e. Discussing a book

   ____f. Slamming the door

   ____g. Turning off the hearing aid

   ____h. Crying

   ____i. Turning away from the person who is talking

   ____j. Smiling

2. List five barriers to effective communication.

   a.____

   b.____

   c.____

   d.____

e.____

3. List five techniques for effective listening.

   a.____

   b.____

   c.____

   d.____

   e.____

4. List five factors that will be helpful in developing a trusting relationship with client, caregiver, co-workers, and supervisors.

   a.____

   b.____

   c.____

   d.____

   e.____

5. Distinguish between subjective and objective information listed below by marking an "S" for subjective and an "O" for objective in the space provided.

   ___a. Fainted

   ___b. Refuses medicine

   ___c. Bruise

   ___d. Has a stomachache

   ___e. Fell out of bed

   ___f. Dizzy, feels weak

___g. Very sad, lonesome, complains, seems to worry about the future

___h. Fever

___i. Sneezing, runny nose, watery eyes

___j. Has nightmares in sleep, misses her mother

6. Determine answers to the following questions from the referral information sheets found at the end of the pretest.

   a. What client-specific training will be required?

   ____

   ____

   b. Where is the circuit box located?

   ____

   c. Where are the flashlights and batteries located?

   ____

   d. How does the client communicate?

   ____

   ____

   e. What special safety features should you be aware of?

   ____

   ____

   f. What special problems should you be aware of?

   ____

   ____

g. Who is the backup person in case of emergency?

____

7. Using the summary of routines and the sample care plan given at the end of the pretest, determine the tasks to be completed and/or care to be given the client during the hours you are on duty. You are scheduled to work from 7:00 A.M. until 8:30 P.M. on Wednesday. List your duties in the space provided.

____

____

____

____

____

8. List five methods by which the respite care provider can observe the client.

a.____

b.____

c.____

d.____

e.____

9. You are to provide respite care for Mary for one week while her family is out of state on personal business. List the medical forms you will need to have completed and the purposes they serve.

____

____

____

RESPITE CARE

Client/Family Permanent Data Sheet

3-20-88
DATE

Jay and Joy James		(111) 555-5555
GUARDIAN NAME(S)		BUSINESS PHONE father
222 W. 11th St.	(111) 555-5050	
ADDRESS	HOME PHONE	BUSINESS PHONE mother
Joey James	J.J.	1-21-87
NAME	NICKNAME	AGE (DOB)

In case of Emergency, try to contact parents first, then call:

Betty James	(111) 555-0505
NAME	HOME PHONE
1010 E. 7th St.	none
ADDRESS	BUSINESS PHONE
Jane Doe	(111) 555-0005
NAME	HOME PHONE
1212 S.W. 9th St.	(111) 572-5555
ADDRESS	BUSINESS PHONE

DOCTOR PREFERRED	TELEPHONE
Dr. Charles Dean	(111) 372-7878

EMERGENCY SERVICES (Telephone Numbers)

222-2222	333-3333	444-4444	(932) 123-4567
FIRE	POLICE	AMBULANCE	POISON CONTROL CTR

EMERGENCY SUPPLIES ARE KEPT: Front hall closet, large cardboard box on floor

Fire extinguishers in kitchen and on back porch

Information Referral Sheet

MEDICATIONS:

	none		
	TYPE	DOSAGE	FREQUENCY
	TYPE	DOSAGE	FREQUENCY
	TYPE	DOSAGE	FREQUENCY

MEDICAL PLAN
POLICY & GROUP NUMBER
MEDICAID NUMBER

PROVIDER NAME

ADDRESS ZIP

PHONE

CASE MANAGER NAME: Karen K.

ADDRESS: 333 N. 12 th ZIP: 00000

BUSINESS PHONE: 202-0098

HOME PHONE: 212-8989

Informatin Referral Sheet

Summary of Routines and Typical Behavior

Name: Joey James Age: 15 mo.

Disability: Developmentally Delayed

Seizures: Type none Frequency

Comments:

Allergies: Iodine

Other specific medical problems: J.J. can't talk, but he smiles and cries

Equipment used: none

A typical daily menu:

Breakfast Lunch Dinner

All food is strained or liquid. Food is labeled by day and meal. Must offer food every 4 hours starting at 7:00 a.m. until 9:00 p.m.

Snacks: strained fruit, soft crackers

Favorite foods: oatmeal with peaches

Least favorite foods: mashed potatoes and peas

Ability to eat and drink independently: (description)

needs a special cup with two handles, but is learning to drink by himself

Is individual right or left handed? right, I think

Information Referral Sheet

OTHER CHILDREN'S NAMES	AGE	SPECIAL INSTRUCTIONS
Cindy	3	none

PET'S NAME	SPECIAL INSTRUCTIONS FOR PET
Rover	Sleeps outside, not with Joey

A flashlight is located: Top right-hand corner of desk in living room

Temperature in the house may be adjusted by: Turning on fan, opening windows in the summer, turn on heaters in winter.

Circuit box is located: basement under the stairs

Specific persons not allowed in the home: None

Recreation & leisure activities preferred:

Recreation & leisure activities allowed:

Special instructions and notes: Be sure to follow care notes for rotation, hygiene, range of motion exercises, and suctioning.

CARE PLAN

Name: J. J. James Date: 4-1-88

1. Change chair/bed positioning weekly by rotating the child or the furniture 180 degrees. (WED)
2. Use small pillows to align child's body as normally as possible.
3. Gradually raise the head *and* foot of bed to achieve sitting position for feeding—leave in this position following feeding as long as he will tolerate this—note time spent in this position.
4. Bathe in tub 2 times weekly—shampoo in bed in between tub baths whenever necessary—sponge bathe in bed daily or more often as needed. (Tue. & Sat.)
5. When dressing, bathing, etc., gently move shoulders, elbows, wrists and fingers through range of motion—pay particular attention to stretching knuckles (place your fingers under his fingers and gently straighten knuckles as far as they will go)—powder his hands with cornstarch; if hands are very sweaty, try using anti-perspirant.
6. Gently use suction machine when necessary (after feeding, brushing teeth, when mucus builds up in throat, etc.)
7. Administer anti-convulsant medication as prescribed when parents are out of home.
8. Observe client for any seizure activity and possible adverse reactions.
9. Document medication administration.
10. Document any seizure activity.
11. Provide skin care to maintain skin integrity; look for signs of pressure daily. Be sure to change position frequently to relieve pressure. Keep diaper area clean and dry.
12. Document bathing, lotion, and skin observations in daily observation notes.
13. If placed on the floor to allow movement, he should wear heelboes on his elbows, a long-sleeved shirt and long pants together with socks or slippers to protect his skin. May be necessary to use suspenders to keep his pants from creeping down.

SUPPLEMENT 2

Answers to Pretest

1. Verbal A,B,E
   Non-verbal C,D,F,G,H,I,J

2. a. Making judgments
   b. Ignoring hidden communications
   c. Not listening
   d. Communicating for the client
   e. Not asking questions

3. a. Clarify information
   b. Restate client's statements
   c. Noncommittal behavior, answer with nods and brief statements
   d. Reflective statements that express client's feelings
   e. Summarize discussion to that point

4. Answers should include any five of the following

   a. Be responsible for your own actions
   b. Be supportive of the health-care team
   c. Be confidential about private client/family information
   d. Be professional in your behavior
   e. Be efficient
   f. Be open and honest with others
   g. Be realistic
   h. Be respectful of others
   i. Be aware of the channels for communication and how to use them correctly when providing information about direct care of the client

5. a. o f. s
   b. o g s
   c. o h. o
   d. s i. s
   e. o j. s

6. a. Range-of-motion exercises
   Positioning
   Feeding liquids
   Suctioning
   Baths and hygiene
   b. Basement under the stairs
   c. Top right-hand corner of desk in living room
   d. Cannot talk, does smile and cry
   e. No iodine
   Care Plan instructions, especially feeding hours and instructions
   f. Food is strained, must be positioned and moved often. Note how long he will tolerate sitting in one position (item #3)
   g. Betty James and/or Jane Doe

7. Specific tasks

   Change position of furniture/child 180 degrees
   Align body/position
   Sponge bathe
   Do range-of-motion exercises
   Suction as needed
   Feed every 4 hours, starting at 7:00 A.M.

   General tasks

   Keep safe
   Keep clean
   Offer liquid in cup
   Document

8. a. Seeing
   b. Hearing
   c. Touching
   d. Smelling
   e. Talking

9. **Medical Consent Form** — allows you to obtain medical treatment for the client in the parents' absence.

   Medical Release Form — allows you to approve medical treatment and administer medications.

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about communication skills. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

_____ _____ **Read** objective sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and study with your instructor.

OBJECTIVE 1

_____ _____ **Read** Information Sheet, Objective 1.

_____ _____ **Read** Student Supplement 1, "Communicating with Clients."

_____ _____ **Watch** video: *A Measure of Understanding*.

_____ _____ **Watch** video: *Communications: Nurse Patient Relationships*.

NOTE: To check for competency in this objective, you must identify as verbal or nonverbal 4 of 5 communication techniques shown on videotape.

OBJECTIVE 2

_____ _____ **Read** Information Sheet, Objective 2.

NOTE: To check for competency in this objective, you must identify barriers to effective communications by listing correctly 4 of 5 examples shown on videotape.

Req. Comp.

OBJECTIVE 3

_____ _____ **Read** Information Sheet, Objective 3.

_____ _____ **Watch** video *Communications: The Process.*

NOTE: To check for competency in this objective, you must identify techniques for effective listening by listing correctly 4 of 5 examples shown on the videotape.

OBJECTIVE 4

_____ _____ **Read** Information Sheet, Objective 4.

_____ _____ **Watch** video *Communications: Peer Relationships.*

NOTE: To check for competency in this objective, you must identify factors that are important in developing trusting relationships by listing correctly 4 of 5 examples shown on videotape.

OBJECTIVE 5

_____ _____ **Read** Information Sheet, Objective 5.

_____ _____ **Complete** Assignment Sheet 1.

_____ _____ **Read** Student Supplements 2, 3, and 4.

NOTE: To check for competency in this objective, you must correctly identify 4 of 5 pieces of information as either subjective or objective information.

OBJECTIVE 6

_____ _____ **Read** Information Sheet, Objective 6.

_____ _____ **Complete** Assignment Sheet 2, "Pre-Care Information Review."

_____ _____ **Watch** video *Pre-Care Client Interview.*

NOTE: To check for competency in this objective, you must provide appropriate updated information from videotape about sample client.

Req. Comp.

OBJECTIVE 7

_____ _____ **Read** Information Sheet, Objective 7.

_____ _____ **Complete** Assignment Sheet 3.

NOTE: To check for competency in this objective, you must identify duties to be completed during your scheduled time of work. You must correctly identify 80 percent of the tasks.

OBJECTIVE 8

_____ _____ **Read** Information Sheet, Objective 8.

NOTE: To check for competency in this objective, you must list and give examples of 4 of 5 observation skills used to contribute information to the care plan.

OBJECTIVE 9

_____ _____ **Read** Information Sheet, Objective 9.

_____ _____ **View** Transparencies 1 and 2.

NOTE: To check for competency in this objective, you must identify purposes of medical consent and release forms.

UNIT REVIEW

_____ _____ **Review** unit and assignments.

_____ _____ **Complete** the test.

_____ _____ **Discuss** the test results with your instructor.

_____ _____ **Complete** additional study requirements listed below.

____

____

_____ _____ **Proceed** to next study assignment.

SUPPLEMENT 4

Effective Listening Guide

In the video Pre-Care Client Interview, the respite care provider (Rose) shows several excellent examples of the five techniques for effective listening. This supplement points out only a few of the examples.

Clarify

As Rose discusses the medical card, she constantly reviews information, asks questions, and asks for additional data.

Restate

As parents discuss daily schedules, Rose continually restates the situation and discusses how she will want to observe that situation and learn specific techniques.

Noncommittal Response

Rose nods her head and says "uh-huh", and "I see" to encourage the parents to continue.

Reflection

The parent's pride and concern are noticeable when they discuss J.J.'s learning to drink from a cup. Rose offers support for this effort and discusses how she can encourage this progress.

Rose also discusses fostering a good relationship with J.J. at mealtime. She wants to learn how best to work with him so that she can feed him and encourage a happy mood at meals.

Summarize

Rose repeatedly asks for information, listens and summarizes the situation. When Rose and the parents are discussing feeding J.J., for example, Rose summarizes the instructions: "To feed him, bring him to the den area, use the mats, position him, and use the squeeze bottle." (Her question about how long it takes to feed him leads right into the next segment of instructions.)

She summarizes another segment by saying, "So in the morning, it's time for visual and auditory stimulation. What about any therapy for motor skills?"

MEDICAL RELEASE FORM

Name of Child: ______________________________

Name of Parents: ______________________________

Address: ______________________________

Telephone: ____________(Home) ______________(Business)

______________________ is in full charge of ____________

____________(child's name) during my (our) absence.

I (we) give him or her permission to request or approve any medical attention needed by ______________________(child's name) and to administer medications according to the written instructions below.

I (we) will not hold ____________________ responsible or liable in any way for any accident or illness.

Name of Hospitalization Insurance: ______________________

Policy #: ______________________________

Doctor's Name: ____________________ Phone #: ____________

Address: ______________________________

Preferred Hospital: ______________________________

Dentist's Name: ____________________ Phone #: ____________

Address: ______________________________

Medication Instructions: ______________________________

____

____

Date: ____________ Parent(s) Signature(s): ______________________

____

MEDICAL CONSENT

I give my consent to ______________________________ to authorize medical care for ______________________ during the period __________ through __________. I understand that such medical care will be rendered only under the direction of a licensed physician and that ______________________________ assumes no responsibility for the care which is rendered. This authorization includes, but is not limited to, the administration of anesthesia and all surgical procedures. In case of surgery or serious illness, I shall be notified as soon as possible.

Signature: ______________________ Date: ______________

Relationship to individual: ______________________________

I can be reached at the following address(es) and phone number(s)

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

I will return (date & time): ______________________________

Today's Date: ______________

Parent(s) Signature(s): ______________________________

____

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INFORMATION SHEET

BASIC RESPITE CARE
DEVELOP COMMUNICATION SKILLS

OBJECTIVE 1

Distinguish between types of verbal and nonverbal communication

INTRODUCTION

Communication is the process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. When you talk to someone, you are exchanging messages in a number of ways. Most obviously, you are exchanging a message through your speech; however, you are also doing so through your body position, facial expression, and tone of voice. Communication can be verbal, nonverbal, or a combination of the two. As a respite care provider, you will need to use and understand both types of communication effectively.

Verbal techniques

Spoken: Telephone conversations, oral reports, conversation with others or even with yourself

Written: Care plan notes, instructions, written reports, forms, etc.

Nonverbal techniques

Body language: a touch, facial expressions, eye contact

Other: Slamming a door, loud or soft tone of voice, ignoring someone, etc.

You should realize that some forms of nonverbal communication can be misleading. Some people say that if a person is angry or upset, he or she will stand straight and stiff with arms folded. Such a person is in a defensive posture, not willing to listen or be receptive. But you must be careful in interpreting such postures; a straight stiff body may be the posture of someone who has a good self-image; folded arms may be a move to get comfortable in an armless, ill-fitting chair.

Facial expressions are an easier type of nonverbal communication to interpret, and you can learn a lot from them. A grimace usually indicates pain. A raised eyebrow may signal confusion; a frown or hard glare usually expresses dissatisfaction or anger.

OBJECTIVE 2 Identify barriers to effective communication

INTRODUCTION

Communication barriers prevent open exchange of messages. A communication barrier may be something as simple as one person not listening to the other or something as complex as someone being prejudiced toward another. Do not let communication barriers cause problems for you and the people you work for. You should work to establish communication with the client and family by avoiding the communication barriers listed below.

Making judgments:

If you are prejudiced against the client for any reason, ask to be reassigned. You cannot provide proper care if you do not like your client.

Ignoring hidden communication:

Watch for nonverbal clues such as facial expressions and other forms of body language.

Not listening:

Clients may be extremely ill, tired, or weak and have difficulty with conversation or may not be very interesting to talk to; but listening is part of your job. In the middle of idle chatter they may tell you something they need or that they are in pain.

Communicating for the client:

Do not make a practice of finishing sentences for the client. Some clients may take longer to get the words out, but let them do it. Ask questions that require a verbal response, not just a shake or nod of the head. Use conversation to help keep clients active.

Not asking questions:

If you are in doubt of something that was said, ask for clarification. Misunderstood messages may be life threatening.

What's in a name?

Do you automatically use everyone's first name? That way may not be the most sensitive approach. Many older persons, for example, feel more comfortable being addressed as Miss____ , Mrs.____ , or Mr. ____ by all except their oldest and dearest friends. Ask your client or your client's family about names. By showing respect for your client's preference in this matter, you will more easily build rapport with your client and the client's family.

OBJECTIVE 3 — List techniques for effective listening

INTRODUCTION

As mentioned in an earlier objective, "failing to listen" is among the barriers to communication. **Hearing and listening are not the same thing.** Your ears are "hearing" all the time. However, only when your brain gets involved are you really "listening." For example, when you are working in a client's home, you may hear all kinds of sounds, such as the TV, radio, or the client's machines; but when you hear a loud or strange noise, uneven breathing, or silence, you begin to listen. You use your listening skills to gather other clues about what could be happening and what to do next. Does the sound signal an emergency, or is the client turning over and knocking something to the floor?

When you are working with a client, you will need to use both hearing and listening skills. You can work to improve listening skills by following these effective listening techniques:

Clarify

When in doubt, **CLARIFY** what has just been said. Ask for additional information, facts, ideas, and concerns so that the problem can be resolved.

Restate

To check for understanding of what has just been said and to encourage additional problem solving **RESTATE** the problem in a way to make the client verify that that is indeed what he is thinking about at that time.

Noncommittal response

To encourage conversation, convey interest and encouragement respond in a **NONCOMMITTAL** way by just nodding your head or responding with an occasional "uh-huh" or "I see."

Reflect

To help a client better understand her or his own personal feelings you may need to do **REFLECTIVE** listening. Echo the feelings expressed by the client, and indicate your understanding by expressing that feeling or emotion in words.

Summarize

Summarizing is especially helpful if the client rambles. **SUMMARIZE** the discussion to help focus on the ideas as presented. Older clients may talk of the past as a way to converse. The older client may have a better grasp of events that happened several years ago than of the events just that morning.

NOTE: Daily conversation is extremely important in keeping the client active and intellectually stimulated. You can make a difference in the quality of thought and conversation by using effective listening techniques.

OBJECTIVE 4

Identify factors in developing trusting relationships with clients, families, co-workers, and supervisors

INTRODUCTION

Your feelings and attitudes affect communication. Communicating with people whom you trust and who offer help is easier than communicating with those who are critical of your work. As a respite care provider, you must gain the trust of the client, the client's family, your co-workers and your supervisors so that you can communicate with them effectively and provide quality care for your client.

You can foster many qualities or characteristics within yourself to help develop trusting relationships.

- Responsible for your own actions
- Supportive of the health-care team
- Confidential about private client/family information
- Professional in behavior
- Efficient
- Open and honest with others
- Realistic
- Respectful of others
- Aware of the channels for communication and how to use them correctly when providing information about direct care of the client

OBJECTIVE 5 Distinguish between objective and subjective information

INTRODUCTION

Observing and reporting changes in the client's condition are important parts of providing respite care. As a respite care provider, you will report both objective and subjective types of information; and you need to be able to distinguish between them.

Objective Information

Objective information is observable:

- Information that you can **see**

  EXAMPLES: Joel has a red rash on his forehead. (That information is objective; you and anyone else can see the rash.)

  Curt pulled and scratched at his ear and appeared to have trouble swallowing.

- Information that you can **hear**

  EXAMPLES: Caroline's apnea monitor beeped twice Tuesday night.

  Fred cried several times today. He would go to sleep for 15 to 30 minutes and then wake up crying.

- Information that you can **feel**

  EXAMPLES: Joel's palms are sweaty.

  Sharon's right foot is cool to the touch; her left foot is as warm as the rest of her body.

- Information that you can **smell**

  EXAMPLES: Mr. Moore's room with the oxygen smelled of cigarette smoke.

  Gary's breath smelled like chocolate.

Subjective Information

Subjective information is **not observable**:

- Client descriptions of what the client feels or experiences

EXAMPLES: Mr. Leary complained about headaches all morning. (You have no way to verify that he has a headache.)

Suzy complains that her leg hurts when she walks on it.

Mrs. Henry complained that the food was too spicy and gave her a stomachache.

Consuela says that she feels dizzy when she stands up.

- Your opinions about client condition or care

EXAMPLES: I think that Joel's new soap caused the rash on his forehead. (That information is subjective. The new soap may not be the cause; the rash may be from poison ivy.)

I think that Mr. Leary's headaches are probably caused by a cap that is too tight.

Suzy, in my opinion, wants to be carried everywhere because she is lazy and spoiled rotten.

Marilyn was extremely irritable today. I think she probably ate too many sweets last night.

OBJECTIVE 6

Conduct a "pre-care" information review

INTRODUCTION

Before providing respite care, you will have to meet and interview the client and primary caregiver. Primarily, the interview provides you with recent information about the client; however, it also is an opportunity to establish a positive working relationship with the caregiver and the client.

You will be asked to work with a variety of caregivers and clients, some of whom you may not enjoy working with. It is important to recognize and be honest about your feelings. If, after the initial interview, you do not think that you would be comfortable working with the caregiver or client, discuss your feelings with your supervisor. If you cannot resolve the problem and care for the client in a positive manner, make other arrangements.

General Guidelines

- Be patient with the caregiver and answer all questions.
- Be tactful and understanding while you listen to the caregiver's and client's needs.
- Display a professional attitude and interest.
- Plan to spend the time necessary to build a solid foundation for trust and support; first impressions are important

Materials to take

Prepare all of your materials before you go to the interview.

- Copy of the client's care plan
- Any necessary forms from your agency
- Note pad
- Pen or pencil
- References from former respite clients (optional)

The Interview

Introduce yourself, giving your full name and the agency you work for

- Review the client's care plan
- Discuss your duties

- Verify your work schedule (times, etc.)
- Review and fill out any necessary forms

Questions

Ask the caregiver or parent

- Are all emergency name and phone numbers current and posted by the telephone?
- Are medication instructions current?
- Are all medical forms filled out?
- Are there any special instructions or skills you will need prior to providing care?
- Does the client require special communication methods such as sign language or a symbol board?
- How does the client signal for help?
- Where is the emergency equipment (fire extinguisher, first aid kit) located?
- Where is the circuit box located?
- Does the house have a basement or storm shelter?
- Is the client allowed to have visitors?
- Is there anyone who is not allowed to visit the client?
- Do you have any questions?

OBJECTIVE 7 **Determine the care needs of a client from the care plan.**

INTRODUCTION

The care plan is a document developed by a case manager (or other appropriate agency personnel) with the health care professionals, caregiver, and client. Care plans present necessary information about the client to those who need it. This document is the one you will refer to the most while providing care.

Interviews and observations with family and client are an essential step in developing the care plan. The assessment of needs includes identifying strengths and needs as well as goals or expected outcomes. The plan includes interventions and methods for implementation.

NOTE: The care plan is a legal document describing the delivery of care to meet client needs. The care plan is also documentation for insurance purposes and/or litigation. As a respite care provider, you must complete all documentation. Something that is not written on the chart or care plan is not considered to have been done.

CONTENTS

- Client schedule
- Goals for client
- Client progress
- Problems

OBJECTIVE 8

Identify observation skills used to contribute information to the care planning process

INTRODUCTION

As a respite care provider, you may be the first to notice a change in a client's condition. You will need to form a habit of observing your clients during all contacts with them. Observation begins with the first visit and continues each time you provide care. The observation process includes being aware of any changes in the client's condition, attitude, or appearance.

Observation Skills

1. **Looking**
    a. Note facial expression for alertness, pain or discomfort, satisfaction, worry, or other reactions
    b. Check skin for color, rashes, temperature, evidence of pressure, breaks, or other abnormal conditions
    c. Observe other factors concerning the patient's condition, such as amount, character, and color of bodily discharges or drainage from wounds
    d. Note client's surroundings for orderliness, attractiveness, comfort, convenience, and safety.
2. **Listening**
    a. Note the client's tone of voice
    b. Note quality of respirations, restlessness, wakefulness, or signs of disorientation
    c. Be aware of characteristic sounds of special equipment, such as respirators or heart monitors
3. **Smelling**
    a. Note any unusual odors in the environment
    b. Observe changes in drainage from wounds and the characteristic odor of human excreta
4. **Touching or feeling**
    a. Note abnormal skin temperature

- b. Note changes in pulse
- c. Note changes in skin
- d. Communicate sense of caring

5. **Talking**

   - a. Convey attitude and response to situation (both client and caregiver)
   - b. Gain essential information question client
   - c. Build rapport with health team and client

OBJECTIVE 9

Identify the purpose of medical consent and release forms

INTRODUCTION

When you accept a position with a client, the case manager will provide you with a packet of information that includes legal forms to be used on the job. This information packet should remain with the client at all times.

The most important forms in the packet will be the medical consent form and medical release form. There will be several other forms that you should be familiar with, but they will vary from agency to agency. Your responsibility includes becoming familiar with the forms required by the agency and/or the state for which you work.

CAUTION
If you do not work for an agency, provide your own medical release and consent forms to the parents, and make sure they fill them out.

Purposes

- **Medical consent forms** enable you to obtain medical treatment for a client during the absence of the parent or guardian.

- **Medical release forms** authorize you to approve medical attention and administer medications as instructed.

SUPPLEMENT 1

Communicating with Clients

INTRODUCTION

You must learn to communicate with clients to be helpful to them. You must get your messages across and be able to interpret the client's messages. To accomplish these tasks, you may use speech; but you can also rely on facial expressions, gestures, written notes, and body language. The method of communication varies from client to client, but you must use the type your client is able to understand.

As a respite care provider, your responsibility is to use appropriate methods of communication. A client who has difficulty speaking may use single words or sounds to convey an entire message. For the client who cannot speak, a movement of an arm, leg, or head may be the only way to communicate. To communicate with such people, you will need to know what the words or movements mean.

You can usually find some method of communication by teaching and learning a set of signs, symbols, or actions. You can easily determine your client's communication abilities and system by talking with the family and studying the care plan. Once you have a grasp of what your clients can do, be sure to give them the opportunity to use those abilities.

If at any time you have difficulty communicating with your client, try to determine the cause of the lack of communication. Does the problem stem from the method of communication or from the client's disorder? Is the client having difficulty speaking? Is his or her understanding slow, or is the problem caused by a language, culture, or age difference?

Clients with sight problems

- Speak to the client when you enter the room where the client is

  NOTE: You might startle the client if you hurry into the room jostle the bed, or touch the client without first speaking.

- Make sure client has easy access to eyeglasses or a magnifying glass if used

Clients with hearing impairments

- Do not startle a client who is sleeping or does not see you enter the room
- Speak facing the client so that client may read your lips
- Avoid standing with a bright light behind you as you speak to the client
- Keep your hands, papers, books, etc. from blocking client's view of your mouth as you speak
- Stand still as much as possible while client is trying to read your lips
- Speak in a normal tone of voice
- Speak slowly, especially when giving instructions or explaining procedures
- Use facial expressions, gestures, and other body language to help convey messages
- If you will be caring regularly for a client who uses sign language, begin learning to sign in that language as soon as possible
- Find out the telephone number of someone who knows sign language and would be available in an emergency
- If the client can read, write notes to communicate

Clients with speech or language impairments

- Base your method of communicating on the type of speech problem
- Be patient with a client who stutters or lisps
- Allow plenty of response time

Clients who do not speak English

- Ask client's family to recommend someone who can interpret in case of a communication problem
- Learn a few common words in your client's language that relate to the care of your client

NOTE: *Taber's Cyclopedic Medical Dictionary* has an appendix that has health-related questions and answers in five languages: English, Spanish, Italian, French, and German.

- If you will provide care for this client on a regular basis, use the opportunity to learn another language
- Speak slower (not louder) to a client who is learning English
- Allow plenty of response time for a client who is learning English

SUPPLEMENT 2

General Rules for Charting

Charting methods vary in health-care institutions. Before charting, consult the supervisor about the practices in your particular agency.

- Print or write legibly.
- After completing entry, sign name and title.
- If you make an error in charting, draw a line through the entry and write "error in charting" above it. **Never** erase an entry or make it illegible.
- Document tasks as you complete them.
- Be exact in recording time, effects, and results of all treatments and procedures.
- Find out if your agency requires a certain ink color.

  NOTE: If a record is to be microfilmed, use black or blue ink. Do not use red ink or pencil.
- Use standard abbreviations only.
- Do not use ditto marks.
- Do not use the word "patient"; the people you care for are your "clients."
- Spell correctly; use a dictionary if necessary.
- Make statements clear and concise.
- Fill out all page headings before writing anything on the page.
- Do not skip lines.

SUPPLEMENT 3

Documenting the Client's Condition

Make sure you record the following information:

- Time
- Location(s) on body
- Duration of symptom
- Drainage or discharge (amount, color, and character)
- Frequency, intensity, and management of pain

  EXAMPLES: Intermittent or persistent, severe or moderate, throbbing, dull, or sharp; controlled by medication, if so what kind; pain worsened or improved by change in body position.

- Change in appearance of client

  EXAMPLES: Skin color, expression, or behavior

- Effects of treatment or care
- Client complaints, using exact words when possible
- Unusual behavior

  EXAMPLES: Aggressive, silent, irritable, does not eat, does not want to be active.

SUPPLEMENT 4

Purposes for Keeping Client Records

- Provides a continuous, detailed account of the client's behavior, illness, treatment, medications, and care
- Serves as a guide in planning and implementing care
- Records progress being made by the client, and assists the health team in care of the client
- Aids other caregivers in the care and treatment of the client and family
- Provides statistical information for health agencies
- Provides information, if needed, in legal proceedings
- Serves as source of information for research and training

OBJECTIVE 5

Distinguish between objective and subjective information

Name________________________________Score____________

INTRODUCTION

As a respite care provider, you must be able to collect the correct information and report to the family and agency as directed. You may need to make specific observations at specified times of day or night. Ask for instructions and specific guidelines when you accept your assignment.

Each agency will have its own system for reporting status changes or other information to a supervisor. Be sure you are familiar with the system your agency uses.

WARNING
Case notes are legal documents. Follow all prescribed methods for legal documentation.

Types of agency guidelines

Follow agency guidelines for

- **Who** receives the report
- **What** types of information can be given by telephone and types must be given in writing
- **When** to report—on a regular basis such as weekly or after every respite care appointment, or whenever client's status changes
- **How** to report— send written reports through the mail or deliver them to the agency in person
- **How** to report emergency situations
- **How** to report emergency situations if there is no telephone in the client's home

Remembering the correct procedures for documentation is important. In the information you have already studied you learned how to distinguish between objective and subjective information. This assignment is to help you remember the guidelines for determining subjective and objective information when writing in the care notes.

DIRECTIONS

Read the situations given below. Place an "X" in the box that labels the information or comment as objective or subjective.

1. Alex's breathing tube is making strange noises because the valve is sticking.

   Objective ☐   Subjective ☐

2. Gayle's eyes are red and teary.

   Objective ☐   Subjective ☐

3. Mrs. White is complaining of pain in her lower back.

   Objective ☐   Subjective ☐

4. Francis' ears are ringing.

   Objective ☐   Subjective ☐

5. Mr. Bailey's feet are swollen because he has stopped taking his arthritis medication.

   Objective ☐   Subjective ☐

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ASSIGNMENT SHEET 2

BASIC RESPITE CARE
DEVELOP COMMUNICATION SKILLS

OBJECTIVE 6 **Conduct a "pre-care" information review**

Name______________________________**Score**____________

INTRODUCTION

First impressions are important. You will need to be professional, friendly, helpful, and courteous at all times but especially the first time you meet the client and the family. It is important that you follow through on obtaining essential care information on your client and making changes as necessary to update the information sheets.

DIRECTIONS

A video (*Pre-Care Client Interview*) is part of this assignment. You are to watch the interview, paying close attention to the questions and responses. As the video is playing, make changes on the data sheets and care plan as needed.

Use correct documentation procedures.

RESPITE CARE

Client/Family Permanent Data Sheet

3-20-88
DATE

Jay and Joy James		(111) 555-5555
GUARDIAN NAME(S)		BUSINESS PHONE father
222 W. 11th St.	(111) 555-5050	
ADDRESS	HOME PHONE	BUSINESS PHONE mother

Joey James	J.J.	1-21-87	2323 N. W. First (father)
NAME	NICKNAME	AGE (DOB)	BUSINESS ADDRESS

In case of Emergency, try to contact parents first, then call:

Betty James	(111) 555-0505
NAME	HOME PHONE
1010 E. 7th St.	none
ADDRESS	BUSINESS PHONE

Jane Doe	(111) 555-0005
NAME	HOME PHONE
1212 S.W. 9th St.	(111) 572-5555
ADDRESS	BUSINESS PHONE

DOCTOR PREFERRED	TELEPHONE
Dr. Charles Dean	(111) 372-7878

EMERGENCY SERVICES (Telephone Numbers)

222-2222	333-3333	444-4444	(932) 123-4567
FIRE	POLICE	AMBULANCE	POISON CONTROL CTR

EMERGENCY SUPPLIES ARE KEPT: Front hall closet, large cardboard box on floor

Fire extinguishers in kitchen and on back porch

MEDICATIONS: none

TYPE DOSAGE FREQUENCY

TYPE DOSAGE FREQUENCY

TYPE DOSAGE FREQUENCY

MEDICAL PLAN

POLICY & GROUP NUMBER

MEDICAID NUMBER

PROVIDER NAME

ADDRESS ZIP

PHONE

CASE MANAGER NAME: Karen K.

ADDRESS: 333 N. 12 th ZIP: 00000

BUSINESS PHONE: 202-0098

HOME PHONE: 212-8989

Summary of Routines and Typical Behavior

Name: Joey James Age: 15 mo.

Disability: Developmentally Delayed

Seizures: Type none Frequency

Comments:

Allergies: Iodine

Other specific medical problems:

Equipment used: none

A typical daily menu:

Breakfast Lunch Dinner

All food is stained or liquid. Food is labeled by day and meal. Must offer food every 4 hours starting at 7:00 a.m. until 9:00 p.m.

Snacks: strained fruit, soft crackers

Favorite foods: oatmeal with peaches

Least favorite foods: mashed potatoes and peas

Ability to eat and drink independently: (description)

needs a special cup with two handles, but is learning to drink by himself

Is individual right or left handed? right, I think

OTHER CHILDREN'S NAMES	AGE	SPECIAL INSTRUCTIONS
Cindy	3	none

Rover	Sleeps outside, not with Joey
PET'S NAME	SPECIAL INSTRUCTIONS FOR PET

A flashlight is located: Top right-hand corner of desk in living room

Temperature in the house may be adjusted by: Turning on fan, opening windows in the summer, turn on heaters in winter.

Circuit box is located: basement under the stairs

Specific persons not allowed in the home: None

Recreation & leisure activities preferred:

Recreation & leisure activities allowed:

Special instructions and notes: Be sure to follow care notes for rotation, hygiene, range of motion exercises, and suctioning.

CARE PLAN

Name: J.J. James

Date: 4-2-88

1. Change chair/bed positioning weekly by rotating the child or the furniture 180 degrees.
2. Utilize small pillows to align child's body as normally as possible.
3. Gradually raise the head *and* foot of bed to achieve sitting position for feeding—leave in this position following feeding as long as he will tolerate this—note time spent in this position.
4. Bathe in tub 2 times weekly—shampoo in bed in between tub baths whenever necessary—sponge bathe in bed daily or more often as needed.
5. When dressing, bathing, etc., gently move shoulders, elbows, wrists and fingers through range of motion—pay particular attention to stretching knuckles (place your fingers under his fingers and gently straighten knuckles as far as they will go)—powder his hands with cornstarch; if hands are very sweaty, try using antiperspirant.
6. Use draw sheet to turn/move client in bed
7. Gently use suction machine when necessary (after feeding, brushing teeth, when mucous builds up in throat, etc.)
8. Provide skin care to maintain skin integrity, look for signs of pressure daily. Be sure to change position frequently to relieve pressure. Keep diaper area clean and dry.
9. Document bathing, lotion and skin observations in daily observation notes.
10. If placed on the floor to allow movement, have him wear heelboes on his elbows, a long-sleeved shirt and long pants together with socks or slippers to protect his skin. May be necessary to use suspenders to keep his pants from creeping down.

ASSIGNMENT SHEET 3

BASIC RESPITE CARE
DEVELOP COMMUNICATION SKILLS

OBJECTIVE 7

Determine the care needs of a client from the care plan

Name______________________________**Score**____________

INTRODUCTION

Planning your work is necessary if you are to be effective in giving quality care. You will need to review each task and the amount and quality of time it needs to be done correctly. You must learn to set priorities and plan to meet specific, timed needs of the client as well as being prepared for any unexpected situations. Remember that part of the interviewing process includes a general update on the daily schedule for the client and that you should ask for additional information when needed.

When you review the notes, ask yourself these questions:

- What do I need to do for the client?
- What tasks can the client accomplish alone or with my assistance?
- When should I do each task: is there a set time?
- Where will I do these tasks?
- How do I accomplish the tasks?
- Do I need special help or instructions to do the tasks?

The amount of work that you can accomplish will depend on the time that you will be with the client. You first must consider how many hours you will be with the client and how dependent the client in on your assistance to accomplish the tasks required for his or her care.

DIRECTIONS

Read the case study written below and the information from Assignment Sheet 2, "Pre-Care Information Review." Decide how you will plan your time with the client. What specific tasks will you need to accomplish for each client? Write your answers on the care plan at the end of Assignment Sheet 3.

Some areas listed on the care plan assignment sheet will not require any care during the time you are with the client; mark those as N/A (not applicable.)

NOTE: Remember to document.

CASE STUDY J.J. JAMES

You will provide care for "J.J." from 6:30 A.M. until 8:00 P.M. on Thursday. In addition to his usual schedule, you will need to take him to a doctor's appointment at 2:30. It takes 30 minutes to drive to the doctor's office from the home.

You will not have Cindy in your care during the day.

Because J.J. has been ill, he usually requires a daily tub bath and you will need to watch for dehydration as well as offering additional liquids.

Mrs. James has left prepared food in the refrigerator as listed below.

FRUIT: Bananas, peaches, plums, cherry cobbler

VEGETABLES: Peas, carrots, potatoes, beets, beans

MEAT: Pork, veal, lamb, beef and noodles, tuna and noodles

BREAD AND CEREAL: Crackers, oatmeal, cream of rice, cream of wheat

BEVERAGES: Milk, orange juice, apple juice, distilled water

CARE PLAN

Client: ______________________________

Date: ________________________________

	Task	Accomplished	Changes
Diet			
Hygiene			
Ambulation			
Treatments			
Other			

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Assignment Sheet 1	1. Subjective 2. Objective 3. Subjective 4. Subjective 5. Subjective
Assignment Sheet 2	SEE DATA SHEETS ON FOLLOWING PAGES FOR CORRECTED INFORMATION. Be sure to check for correct documentation procedures.
Assignment Sheet 3	SEE SUGGESTED ANSWERS ON FOLLOWING PAGES

Assignment 2
Answer Sheets

RESPITE CARE

Client/Family Permanent Data Sheet

			3-20-88
			DATE
Jay and Joy James			(111) 555-5555
GUARDIAN NAME(S)			BUSINESS PHONE father
222 W. 11th St.		(111) 555-5050	
ADDRESS		HOME PHONE	BUSINESS PHONE mother
Joey James	J.J.	1-21-87	none
NAME	NICKNAME	AGE (DOB)	BUSINESS ADDRESS

In case of Emergency, try to contact parents first, then call:

Betty James	(111) 555-0505
NAME	HOME PHONE
1010 E. 7th St.	none
ADDRESS	BUSINESS PHONE
Jane Doe	(111) 555-0005
NAME	HOME PHONE
1212 S.W. 9th St.	(111) 572-5555
ADDRESS	BUSINESS PHONE

DOCTOR PREFERRED	TELEPHONE
Dr. Charles Dean	(111) 372-7878

EMERGENCY SERVICES (Telephone Numbers)

222-2222	333-3333	444-4444	(932) 123-4567
FIRE	POLICE	AMBULANCE	POISON CONTROL CTR

EMERGENCY SUPPLIES ARE KEPT: Front hall closet, large cardboard box on floor

Fire extinguishers in kitchen and on back porch

MEDICATIONS:

TEGRETOL	**150 mg**	**3 times a day after meals**
TYPE	DOSAGE	FREQUENCY
TYPE	DOSAGE	FREQUENCY
TYPE	DOSAGE	FREQUENCY

ON FILE AT DR. DEAN'S OFFICE, JUST CALL AND TRANSPORT

MEDICAL PLAN POLICY & GROUP NUMBER MEDICAID NUMBER

	Karen K.
PROVIDER NAME	CASE MANAGER NAME
	333 N. 12th 00000
ADDRESS ZIP	ADDRESS ZIP
	202-0098
PHONE	BUSINESS PHONE
	212-8989
	HOME PHONE

MEDICINE OVER SINK IN KITCHEN

Summary of Routines and Typical Behavior

Name: Joey James Age: 15 mo.

Disability: Developmentally Delayed

Seizures: Type GRAND MAL Frequency IRREGULAR

Comments: USUALLY CONTROLLED BY MEDICATION

Allergies: Iodine

Other specific medical problems:

Equipment used: SUCTIONING, POSITIONING PILLOWS

A typical daily menu:

Breakfast Lunch Dinner

All food is stained or liquid. Food is labeled by day and meal. Must offer food every 4 hours starting at 7:00 a.m. until 9:00 p.m.

FOOD STORED IN KITCHEN, 2ND SHELF IN REFRIGERATOR

Snacks: strained fruit, soft crackers

Favorite foods: oatmeal with peaches

Least favorite foods: mashed potatoes and peas

Ability to eat and drink independently: (description)

USE SQUEEZE BOTTLE—FEED IN KITCHEN OR DEN, USE MATS AND PILLOWS, TEDDY HELPS

needs a special cup with two handles, but is learning to drink by himself

15 - 20 MINUTES TO FEED USUALLY, MAY NEED BATH AFTER EATING

Is individual right or left handed? right, I think

Information Referral Sheet

OTHER CHILDREN'S NAMES	AGE	SPECIAL INSTRUCTIONS
Cindy	3	none

PET'S NAME: Rover

SPECIAL INSTRUCTIONS FOR PET: Sleeps outside, not with Joey

A flashlight is located: Top right-hand corner of desk in living room

Temperature in the house may be adjusted by: Turning on fan, opening windows in the summer, turn on heaters in winter.

Circuit box is located: basement under the stairs

Specific persons not allowed in the home: None

Recreation & leisure activities preferred:

Recreation & leisure activities allowed:

Special instructions and notes: Be sure to follow care notes for rotation, hygiene, range of motion exercises, and suctioning. **AFTER BREAKFAST—AUDITORY VISUAL SIMIULATION, USE RECORDS, SOME TV, IF ESPECIALLY MESSY SPONGE BATH, THERAPY DURING BATH IF POSSIBLE OR AFTER LUNCH, USE CHART ABOVE HIS BED, NAP AFTER NOON MEAL, IN CRIB, USE POSITIONING PILLOWS**

ALL MEDICAL RELEASE FORMS ON FILE AT DOCTOR'S OFFICE

CARE PLAN

Name: J.J. James Date: 4-2-88

1. Change chair/bed positioning weekly by rotating the child or the furniture 180 degrees.

2. Utilize small pillows to align child's body as normally as possible.

3. Gradually raise the head *and* foot of bed to achieve sitting position for feeding—leave in this position following feeding as long as he will tolerate this—note time spent in this position.

4. Bathe in tub 2 times weekly—shampoo in bed in between tub baths whenever necessary—sponge bathe in bed daily or more often as needed. **TUE. & SAT.**

5. When dressing, bathing, etc., gently move shoulders, elbows, wrists and fingers through range of motion—pay particular attention to stretching knuckles (place your fingers under his fingers and gently straighten knuckles as far as they will go)—powder his hands with cornstarch; if hands are very sweaty, try using antiperspirant.

6. Use draw sheet to turn/move client in bed

7. Gently use suction machine when necessary (after feeding, brushing teeth, when mucus builds up in throat, etc.)

8. Provide skin care to maintain skin integrity, look for signs of pressure daily. Be sure to change position frequently to relieve pressure. Keep diaper area clean and dry.

9. Document bathing, lotion and skin observations in daily observation notes.

10. If placed on the floor to allow movement, he should wear heelboes on his elbows, a long-sleeved shirt and long pants together with socks or slippers to protect his skin. May be necessary to use suspenders to keep his pants from creeping down.

The Care Plan Will Need To Be Updated To Reflect Following Changes:

1. Administer anti-convulsant medication as prescribed when parents are out of home
2. Observe client for any seizure activity and possible adverse reactions
3. Document medication administration
4. Document any seizure activity

Agency Will Determine The Person Responsible For Updating Information

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Suggested Answers
Assignment Sheet 3

CARE PLAN

Client: J.J. James

Date: Current Date

	Task	Accomplished	Changes
Diet	Meals List food provided	Every 4 hours should be shown Snack before bed if last meal is before 6:30	Remarks about offering liquids, generally not milk or juices, be careful of apple juice and orange juice. Water is best
Hygiene	Sponge bath morning Tub bath before Dr. appointmtent		May need more than one to keep diaper area clean and dry
Ambulation	Range of motion exercises Positioning Free play	Morning and afternoon Feeding/nap	Include time for music and play Exercises during bath
Treatments	Medicine Suctioning Range of motion		
Other	Dr. Appointment leave 1:45		Listen to records

Diaper Changes: 7:00 10:00 12:30 2:30 4:30 7:15
8:00 11:30 1:30 2:45 6:15 Asleep 8:00

TEST

BASIC RESPITE CARE
DEVELOP COMMUNICATIONS SKILLS

Name______________________________**Score**__________

DIRECTIONS

View the videotape *Client Interview: Final Exam* and answer the following questions. You may need to view the video more than once. Pay particular attention to the information that has changed. Be sure to read all the questions before you watch the video so that you will know what to look for in the video. You must score *at least 80 PERCENT on each objective*.

OBJECTIVE 1

a. Identify verbal communication by listing two examples displayed on the video.

1.____

2.____

b. Identify nonverbal communication by listing three examples displayed on the video.

1.____

2.____

3.____

OBJECTIVE 2

Identify barriers to effective communication by listing five examples displayed on the video.

a.____

b.____

c.____

d.____

e.____

OBJECTIVE 3

Identify techniques for effective listening by listing five examples displayed on the video.

a.____

b.____

c.____

d.____

e.____

OBJECTIVE 4

Identify factors that were helpful in developing a trusting relationship with client, family, co-workers, and supervisors by listing five examples displayed on the video.

a.____

b.____

c.____

d.____

e.____

OBJECTIVE 5

Review the care note entries provided and identify them as subjective or objective observations.

a. 7:00 A.M. Milk from breakfast would not stay down.

Objective ☐ Subjective ☐

b. 7:30 A.M. Temp. (R) 104°

Objective ☐ Subjective ☐

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c. 8:00 A.M. Cranky, could not sleep all morning

Objective	Subjective
☐	☐

d. 11:30 A.M. Ate all strained pears and oatmeal at lunch

Objective	Subjective
☐	☐

e. 12:30 P.M. She liked playing in bath water

Objective	Subjective
☐	☐

OBJECTIVE 6

a. Review information on the referral forms provided on the following pages. Revise and correctly document changes provided through family interview displayed on the video.

RESPITE CARE

Client/Family Permanent Data Sheet

3-20-88
DATE

Jay and Joy James			(111) 555-5555
GUARDIAN NAME(S)			BUSINESS PHONE father
222 W. 11th St.		(111) 555-5050	
ADDRESS		HOME PHONE	BUSINESS PHONE mother
Joey James	J.J.	1-21-87	none
NAME	NICKNAME	AGE (DOB)	BUSINESS ADDRESS

In case of Emergency, try to contact parents first, then call:

Betty James	(111) 555-0505
NAME	HOME PHONE
1010 E. 7th St.	none
ADDRESS	BUSINESS PHONE
Jane Doe	(111) 555-0005
NAME	HOME PHONE
1212 S.W. 9th St.	(111) 572-5555
ADDRESS	BUSINESS PHONE

DOCTOR PREFERRED	TELEPHONE
Dr. Charles Dean	(111) 372-7878

EMERGENCY SERVICES (Telephone Numbers)

222-2222	333-3333	444-4444	(932) 123-4567
FIRE	POLICE	AMBULANCE	POISON CONTROL CTR

EMERGENCY SUPPLIES ARE KEPT: Front hall closet, large cardboard box on floor

Fire extinguishers in kitchen and on back porch

MEDICATIONS:

TYPE: none	DOSAGE:	FREQUENCY:
TYPE:	DOSAGE:	FREQUENCY:
TYPE:	DOSAGE:	FREQUENCY:

MEDICAL PLAN:

POLICY & GROUP NUMBER:

MEDICAID NUMBER:

PROVIDER NAME:

ADDRESS:
ZIP:

PHONE:

CASE MANAGER NAME: Karen K.

ADDRESS: 333 N. 12 th
ZIP: 00000

BUSINESS PHONE: 202-0098

HOME PHONE: 212-8989

Summary of Routines and Typical Behavior

Name: Joey James Age: 15 mo.

Disability: Developmentally Delayed

Seizures: Type none Frequency

Comments:

Allergies: Iodine

Other specific medical problems:

Equipment used: none

A typical daily menu:

Breakfast Lunch Dinner

Bottle for water and juice, trying to breast feed him.

All food is strained or liquid.

When he is hungry

Snacks: strained fruit

Favorite foods: oatmeal with peaches

Least favorite foods: mashed potatoes and peas

Ability to eat and drink independently: (description)

Needs encouragement to take bottles

Feed him in his bed, just position him with pillows

Is individual right or left handed?

Information Referral Sheet

OTHER CHILDREN'S NAMES	AGE	SPECIAL INSTRUCTIONS
Cindy	3	none

Rover	Sleeps outside, not with Joey
PET'S NAME	SPECIAL INSTRUCTIONS FOR PET

A flashlight is located: Top right-hand corner of desk in living room

Temperature in the house may be adjusted by: Turning on fan, opening windows in the summer, turn on heaters in winter.

Circuit box is located: basement under the stairs

Specific persons not allowed in the home: None

Recreation & leisure activities preferred: None

Recreation & leisure activities allowed:

Special instructions and notes: Tornador shelter in basement under the stairs. Provisions already made for food, etc.

CARE PLAN

Name: J.J. James

Date: 4-2-88

1. Change chair/bed positioning weekly by rotating the child or the furniture 180 degrees.
2. Utilize small pillows to align child's body as normally as possible.
3. Gradually raise the head *and* foot of bed to achieve sitting position for feeding—leave in this position following feeding as long as he will tolerate this—note time spent in this position.
4. Bathe in tub 2 times weekly—shampoo in bed in between tub baths whenever necessary—sponge bathe in bed daily or more often as needed.
5. When dressing, bathing, etc., gently move shoulders, elbows, wrists and fingers through range of motion—pay particular attention to stretching knuckles (place your fingers under his fingers and gently straighten knuckles as far as they will go)—powder his hands with cornstarch; if hands are very sweaty, try using antiperspirant.
6. Use draw sheet to turn/move client in bed
7. Gently use suction machine when necessary (after feeding, brushing teeth, when mucous builds up in throat, etc.)
8. Provide skin care to maintain skin integrity, look for signs of pressure daily. Be sure to change position frequently to relieve pressure. Keep diaper area clean and dry.
9. Document bathing, lotion and skin observations in daily observation notes.
10. If placed on the floor to allow movement, he should wear heelboes on his elbows, a long-sleeved shirt and long pants together with socks or slippers to protect his skin. May be necessary to use suspenders to keep his pants from creeping down.

OBJECTIVE 6

b. Determine answers to the following questions from the revised care plan.

1. What specialized training will be required?

____

2. Where is the tornado shelter located?

____

3. Where is the emergency phone list located?

____

4. How does the client communicate?

____

5. What foods can harm the client?

____

6. Are there certain people who are not allowed to visit the client?

____

OBJECTIVE 7

Use referral forms you have just completed.
List responsibilities you will have for providing care to the client if you work on Saturday morning from 7:00 A.M. to 11:30 A.M.

____

____

____

____

____

____

OBJECTIVE 8

List five observation skills used in contributing information to the care planning process and give two examples of each.

a. Skill: ______________________

Examples: ______________________

____

____

b. Skill: ______________________

Examples: ______________________

____

____

c. Skill: ______________________

Examples: ______________________

____

____

d. Skill: ______________________

Examples: ______________________

____

____

e. Skill: ______________________

Examples: ______________________

____

____

OBJECTIVE 9

Choose the correct purpose for the following medical forms. Write the number for the correct purpose in the blank. To show mastery in this objective, you must choose the correct purpose for each form.

a.____ Medical Consent Form

b.____ Medical Release Form

1. Form that lists the name of the doctor, hospital, pharmacy that can be used while you care for the client.
2. Form that enables you to obtain medical treatment for a client if it becomes necessary during the absence of the parent or guardian.
3. Form for parent or guardian to authorize you to approve medical attention and to administer medications as instructed.

1. Evaluated to the satisfaction of the instructor
   Suggested Answers:

   Verbal:

   Written forms
   Verbal comments, explanations

   Nonverbal:

   Facial expressions by father and mother;
   Head nodding, leaning forward, hands over mouth,
   Folded arms, twisting ring, patting on shoulder;
   Rose displaying positive, cordial attitude at all times

2. Evaluated to the satisfaction of the instructor
   Suggested Answers:

   Facial expressions, constant negative comments by the father;

   Father breaks into mother's explanation, stops Rose from speaking;

   Father makes judgments about training, etc.;

3. **SEE EXAMPLES IN INSTRUCTOR'S SUPPLEMENT 4**

   Both parents and Rose ask clarifying questions

   Rose restates problems or concerns to verify feelings of distress

   Rose remains noncommittal even when verbally attacked;
   Mother remains noncommittal at times toward fathers's verbal outbursts

   Rose often uses reflective comments to promote further verbal explanations

   Rose often summarizes care

4. Evaluated to the satisfaction of the instructor
   Suggested Answers (Other examples are illustrated in addition to the ones listed.)

   a. Rose identifies herself at beginning of visit and explains her purpose (professional behavior)

   b. Rose is respectful of the parents, their ability and their concerns (respectful of others)

   c. Rose discusses her abilities and what client-specific training she will need and sets a date to learn specific ways to provide care (responsible for her own actions)

   d. Rose uses various avenues of communication to reach mother and father

   e. Rose appears efficient in the interview and wants to find just the right way to care for J.J.; she asks about all the right methods and encourages both parents to tell her the "methods" they use

5. a. Objective
   b. Objective
   c. Subjective
   d. Objective
   e. Subjective

Suggested
Answers
Part A
Changes in bold

RESPITE CARE
Client/Family Permanent Data Sheet

			3-20-88 DATE
Jay and Joy James GUARDIAN NAME(S)			(111) 555-5555 BUSINESS PHONE father
222 W. 11th St. ADDRESS		(111) 555-5050 HOME PHONE	BUSINESS PHONE mother
Joey James NAME	J.J. NICKNAME	1-21-87 AGE (DOB)	none BUSINESS ADDRESS

In case of Emergency, try to contact parents first, then call:
All Emergency numbers are posted on the bulletin board above each phone.

Betty James NAME	(111) 555-0505 HOME PHONE
1010 E. 7th St. ADDRESS	none BUSINESS PHONE
Jane Doe NAME	(111) 555-0005 HOME PHONE
1212 S.W. 9th St. ADDRESS	(111) 572-5555 BUSINESS PHONE

DOCTOR PREFERRED	TELEPHONE
Dr. Charles Dean	(111) 372-7878

EMERGENCY SERVICES (Telephone Numbers)

222-2222 FIRE	333-3333 POLICE	444-4444 AMBULANCE	(932) 123-4567 POISON CONTROL CTR

EMERGENCY SUPPLIES ARE KEPT: Front hall closet, large cardboard box on floor

Fire extinguishers in kitchen and on back porch

MEDICATIONS:	**TEGRETOL**	**150MG**	**3 times a day after meals**
	TYPE	DOSAGE	FREQUENCY
	TYPE	DOSAGE	FREQUENCY
	TYPE	DOSAGE	FREQUENCY

ON FILE AT DR. DEAN'S OFFICE, JUST CALL AND TRANSPORT

MEDICAL PLAN	POLICY & GROUP NUMBER	MEDICAID NUMBER

		Karen K.	
PROVIDER NAME		CASE MANAGER NAME	
		333 N. 12 th	00000
ADDRESS	ZIP	ADDRESS	ZIP
		202-0098	
PHONE		BUSINESS PHONE	
		212-8989	
		HOME PHONE	

MEDICINE OVER SINK IN KITCHEN

Summary of Routines and Typical Behavior

Name: Joey James Age: 15 mo.

Disability: Developmentally Delayed

Seizures: Type GRAND MAL Frequency IRREGULAR

Comments:

Allergies: Iodine

Other specific medical problems: RANGE OF MOTION, POSITIONING, SUCTIONING,

Equipment used: PILLOWS, MATS, SUCTIONING FOR TRACH TUBE,

A typical daily menu:

Breakfast	Lunch	Dinner

MOTHER PREPARES FOOD, IN REFRIGERATOR ON SECOND SHELF

All food is strained or liquid. USE SQUEEZE BOTTLE TO FEED HIM

When he is hungry

Snacks: strained fruit

Favorite foods: oatmeal with peaches

Least favorite foods: mashed potatoes and peas

Ability to eat and drink independently: (description)

NEEDS HELP, FEED IN KITCHEN OR DEN, USE MATS AND PILLOWS, USUALLY TAKES 30 MIN. CLEAN UP IS A MESS USUALLY.

Is individual right or left handed?

Information Referral Sheet

OTHER CHILDREN'S NAMES	AGE	SPECIAL INSTRUCTIONS
Cindy	3	none

Rover	Sleeps outside, not with Joey
PET'S NAME	SPECIAL INSTRUCTIONS FOR PET

A flashlight is located: Top right-hand corner of desk in living room

Temperature in the house may be adjusted by: Turning on fan, opening windows in the summer, turn on heaters in winter.

Circuit box is located: basement under the stairs

Specific persons not allowed in the home: None

Recreation & leisure activities preferred: **LIKE TO LISTEN TO RECORDS OR TV**

Recreation & leisure activities allowed: LIKES TO CRAWL ON FLOOR, JUST BE CAREFUL OF HIS SKIN

Special instructions and notes: Tornador shelter in basement under the stairs. Provisions already made for food, etc.

DO RANGE OF MOTION EXERCISES—PART IN MORNING DURING THE BATH, SOME AFTERNOON

CARE PLAN

Name: J.J. James

Date: 4-2-88

1. Change chair/bed positioning weekly by rotating the child or the furniture 180 degrees.
2. Utilize small pillows to align child's body as normally as possible.
3. Gradually raise the head *and* foot of bed to achieve sitting position for feeding—leave in this position following feeding as long as he will tolerate this—note time spent in this position.
4. Bathe in tub 2 times weekly—shampoo in bed in between tub baths whenever necessary—sponge bathe in bed daily or more often as needed.
5. When dressing, bathing, etc., gently move shoulders, elbows, wrists and fingers through range of motion—pay particular attention to stretching knuckles (place your fingers under his fingers and gently straighten knuckles as far as they will go)—powder his hands with cornstarch; if hands are very sweaty, try using antiperspirant.
6. Use draw sheet to turn/move client in bed
7. Gently use suction machine when necessary (after feeding, brushing teeth, when mucous builds up in throat, etc.)
8. Provide skin care to maintain skin integrity, look for signs of pressure daily. Be sure to change position frequently to relieve pressure. Keep diaper area clean and dry.
9. Document bathing, lotion and skin observations in daily observation notes.
10. If placed on the floor to allow movement, he should wear heelboes on his elbows, a long-sleeved shirt and long pants together with socks or slippers to protect his skin. May be necessary to use suspenders to keep his pants from creeping down.

Part B

6. Evaluated to the satisfaction of the instructor
Suggested Answers

   a. Positioning and Suctioning

   b. In basement

   c. Bulletin boards above the phone

   d. Smiles, cries

   e. N/A or could respond no solid food

   f. No

7. Evaluated to the satisfaction of the instructor
Suggested Answers

   Breakfast and lunch, use squeeze bottle
   Medicine after breakfast and lunch
   Position client
   Suction trach after meals, brushing teeth, and as needed
   Range of motion exercises, during morning bath
   Provide records or television for stimulation
   Provide skin care
   Document all care

8. Answers should include two examples of each skill

   a. **Looking**

      Note facial expression for alertness, pain or discomfort, satisfaction, worry , or other reactions.

      Check skin for color, rashes, temperature, evidence of pressure, breaks, or other abnormal conditions.

      Observe other factors concerning the patient's condition, such as amount, character, and color of bodily discharges or drainage from wounds.

      Note client's surroundings for orderliness, attractiveness, comfort, convenience, and safety.

b. **Listening**

Note the client's tone of voice.

Note quality of respirations, restlessness, wakefulness, or signs of disorientation.

Be aware of characteristic sounds of special equipment, such as respirators or heart monitors.

c. **Smelling**

Note any unusual odors in the environment.

Observe changes in drainage from wounds and the characteristic odor of human excreta.

d. **Touching or feeling**

Note abnormal skin temperature.

Note changes in pulse.

Note changes in skin.

Communicate sense of caring.

e. **Talking**

Convey attitude and response to situation.

Gain essential information by questioning client.

Build rapport with health team and client.

9. a. 2
   b. 3

OBJECTIVE SHEET

BASIC RESPITE CARE
DEVELOP BEHAVIOR MANAGEMENT SKILLS

INTRODUCTION

In your role as a respite care provider, you have already learned the importance of establishing working relationships with clients and their families. More importantly, you have learned how to follow the care plan developed by the client's physicians. Also, you are expected to know your client's normal routines, know how to document the day's events, and know how to handle behavior problems. This unit is meant to help you with that final element.

As you may know, keeping your composure when faced with difficult situations requires thoughtful control of your emotions and actions. As you may also know from your field trip and practicum, such control is usually difficult to maintain. However, a background in behavior management principles can help you through the most difficult situations. Such a background can help you deal with inappropriate behaviors that the client exhibits as well as prevent them from happening again. Furthermore, learning such techniques will help you to provide a safer, healthier, and less stressful experience for everyone involved.

CAUTION

It is important for you to remember that you should never touch clients to restrain them unless it is absolutely necessary. Also, even if their parents give you permission, **at no time are you allowed to use corporal punishment on clients.**

UNIT OBJECTIVE

After completing this unit, you should be able to apply appropriate behavior management methods.

PREREQUISITE

"Develop Communication Skills'

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Match terms associated with behavior management with their correct definitions.
2. Identify techniques for behavior management.
3. Apply procedures for handling inappropriate behavior.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Student Supplement 1 — Gentle Teaching Method of Behavior Management
- Assignment Sheet 1 — Apply Procedures for Handling Inappropriate Behavior
- Answers to assignment sheet
- Activity Sheet 1 — Apply the Gentle Teaching Method
- Answers to activity sheet
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

3. Arrange for guest speakers.

   - Invite speakers who work with behaviorally challenging clients to talk about their experiences and the behavior management techniques that work best for them.

   - Invite the parent of a behaviorally challenging child to discuss techniques that work well in the home.

4. Make arrangements for de-escalation/non-violent restraint training such as "MANDT" or "CAPE." Satisfactory completion is required for certification.

5. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

1. Videotapes

   a. *Behavior Management,* video sent with instructor material for this book displays three types of client behavior

   b. *Gentle Approach IV*

   NOTE: Through case studies using the Gentle Teaching method, this video examines the process of change for caregivers and persons with disabilities. This video may be rented ($50) or purchased ($149). Write Marie LaGrou, Department of Psychiatry, Creighton University, 2205 S. Tenth Street, Omaha, Nebraska 68108.

   c. *Non-Violent Crisis Intervention: The Preventative Technique,* 29 minutes. This video on de-escalation is available from the National Crisis Prevention Institute, 4011 W. Capitol Drive, Milwaukee, Wisconsin 53216; telephone (800) 558-8976 or (414) 444-6186.

   d. Your own tapes of students role-playing situations that require behavior management

2. Competency profiles

   NOTE: Competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.
2. Plan presentations to take advantage of student learning styles.
3. Provide students with objective sheet and individualized study guide form.
4. Pretest qualifying students: administer pretest and interview students to assess competencies.
5. Determine individual study requirements from pretest results.
6. Counsel students individually on pretest results and study requirements.
   a. Modify materials in unit or create supplementary materials for individual students as required.
   b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.
   c. Indicate on the study guide reading and study assignments; include media.
   d. Return individualized study guides; provide students with supplementary materials, including LAPs if used.
   e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.
   a. Document completion of training for successful students, and direct them to next study area. Complete competency profiles if used.

   b. Retrain and re-evaluate unsuccessful students.

   c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom by displaying articles, pamphlets, and books about behavior management.

3. Introduce unit.

   - Discuss unit introduction on the objective sheet.

   - Show and discuss the video *Non-Violent Crisis Intervention.*

4. Discuss unit objective.

5. Discuss specific objectives. Emphasize that accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

6. Discuss information sheet.

   a. Discuss Objective 1 on terms associated with behavior management.

      - Point out that many people confuse the terms *attitude* and *behavior*. Discuss the difference.

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   - Emphasize that respite care providers are not to use any form of corporal punishment on clients, even if the family's instructions suggest it.
   - Point out that *discipline* is not punishment; the term *discipline* connotes a process of learning correct behavior, not punishment for incorrect behavior.

b. Discuss Objective 2 on techniques of behavior management.
   - Point out the three categories of behavior and discuss why behavior management techniques are used only for unacceptable behavior.
   - Review the concept of least-restrictive environment and apply it to behavior management.
   - Point out that there is a hierarchy of interventions, and the respite care provider should use the least-restrictive method first.
   - Discuss each method of behavior management.
   - Show videotapes of situations involving behavior management.
   - Have students role-play situations using each method of behavior management; use the role-playing as a springboard for discussion.
   - Take students on a field trip to an institution, group home, or special education classroom; have them write down the behavior management techniques that they see being used.

c. Discuss Objective 3 on applying techniques of behavior management.
   - Have students keep a daily record of the behavior problems they see and behavior management methods being used to handle those problems.

- Base a class discussion on students' daily records kept during the practicum.
- Have students complete Assignment Sheet 1, "Apply Procedures for Handling Inappropriate Behavior."
- Discuss Student Supplement 1 on the Gentle Teaching method of behavior management.
- Prepare a lecture based on the book *Gentle Teaching: A Non-Aversive Approach to Helping Persons with Mental Retardation.*
- Show the *Gentle Approach* videotape.
- Have students complete Activity Sheet 1, "Apply the Gentle Teaching Method."
- **Have students complete de-escalation or non-violent restraint training (such as "MANDT" or "CAPE"). This must be completed for certification.**

7. Give test.
8. Reteach and retest as required.
9. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

McGee, John J., Frank J. Menolascino, and Daniel C. Hobbs. *Gentle Teaching: A Non-Aversive Approach to Helping Persons with Mental Retardation*. New York: Human Sciences Press, Inc., 1987.

Willis, Thomas J. and Gary W. LaVigna. *Emergency Management Guidelines*. Los Angeles: Institute for Applied Behavior Analysis, 1983.

SUPPLEMENT 1

Pretest

PART I

Match the following terms with their correct definitions. Write the correct numbers in the blanks.

1. Ignoring
2. De-escalation
3. Dignity
4. Interaction
5. Corporal punishment
6. Behavior management
7. Redirection
8. Time out
9. Positive reinforcement
10. Self-abuse

___ a. Scaling down or decreasing the intensity of the problem by removing stimulus that causes the reaction or inappropriate behavior

___ b. Behavior management technique that includes providing an opportunity for the client to be in a calm, less-stressful environment in order to regain self-esteem

___ c. Not responding to a client's inappropriate behavior

___ d. Providing opportunities for clients to learn correct, socially acceptable behavior; most appropriate when done in a positive manner such as praise or rewards for good behavior

___ e. Any form of participation between two people

___ f. Behavior management method that refocuses client's attention

___ g. Any behavior that results in physical self-injury

___ h. Special recognition or reward for a client who accomplishes or attempts what is expected

___ i. Physical action, such as hitting, spanking, or slapping, as response to misbehavior

___ j. Respect; self-esteem

PART II Read the situation given and determine the correct behavior management procedure. Outline the process you would use.

Case 1 You are a respite care provider working with Miss Molly, who is sixty-eight, is mildly retarded, and has a tendency to wander. You and Miss Molly are in her front yard looking at the flowers when the mail carrier arrives. After a short conversation with the mail carrier, you begin to search for Miss Molly so you can continue looking at the flowers. When you finally locate her, Miss Molly has wandered across the street to the neighbor's yard. How should you handle this situation?

Case 2 You have never been to John's house to provide respite care. John is a mildly retarded fourteen-year-old, and he will probably require only a minimum of supervision. After John's parents have left, he asks you for something to eat. John also asks to watch TV. When you visited with them earlier, his parents indicated that they would rather John do something more constructive with his time than watching television. However, John insists that his parents allow him to watch his favorite programs, which just happen to be on at this time. How should you handle this situation?

Case 3

Julie is an eight-year-old girl who is deaf and mildly retarded. This is your first time to work with her as a respite care provider. Julie is playing house with her dolls and has even taken up the task of bathing one of the dolls. When she is finished, you suggest that she clean up the mess she has made. Instead of obeying you, she runs to her room and slams the door. When you follow her, she crawls under the bed and pretends you are not there. How should you handle this situation?

PART III

In short essay form, discuss the procedure for using the restraint method for behavior management.

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SUPPLEMENT 2

Answers to Pretest

PART I

a. 2
b. 8
c. 1
d. 6
e. 4
f. 7
g. 10
h. 9
i. 5
j. 3

PART II

The answers to these case studies will be subjective. The main intent is to find out if the student has a decision-making method or process in place to help determine appropriate behavior management techniques.

Most answers may be acceptable if the student has addressed the following areas and if the student can logically defend the strategy selected.

The process will need to include the following guidelines—not necessarily in the order given here.

- Prevention
- Assessment
- Choose a technique
- Follow through on method
- Documentation
- Optional comments

Case 1

Prevention: Make sure Miss Molly stays by your side all times, and include her in the conversation.

Assessment: Miss Molly has wandered across the street; if she tries to return, she could be hit by a car. Is it better to direct Miss Molly to stay where she is, or not say anything for fear of having her react to the voice and start across the street?

Technique: Go across the street and gently guide her back to her own yard. Make sure Miss Molly is by your side, within touching distance at all times.

Follow-up: Discuss safety tips that include staying in the yard, reasons for not going across the street, etc. You may want to practice the "right" way to cross the street. Avoid the situation, if possible.

Document: Write down any problem areas and response to problem.

Comments: Building a fence around the yard might be beneficial if Miss Molly particularly enjoys being outside. She could be allowed more freedom in a fenced yard to enjoy the outdoors.

Case 2 Prevention: Come prepared with assorted activities planned that will offer opportunities for new experiences and positive interaction with others.

Assessment: Two problems: what can he eat and what TV shows can he watch?

Technique: Read case book on John. Information should be included about food he can or cannot eat and what TV shows are acceptable to watch.

Follow-up: You should not be reading the book while providing respite care. Respite care is your chosen work. You should be providing help and companionship to John. If, indeed, today is the time for his favorite programs and he is allowed to watch them, okay. If not, you should redirect John's attention to new ideas.

Document: Only if problem continues

Comments: It appears that John may be bored, or it may truly be time for his shows. You should be prepared to spend time with John and work with him to provide a positive experience for him.

Case 3 Prevention: Be sure to discuss with the family any behavioral problems, rules for behavior, and how you are to discipline the client. Close supervision and interaction during play will help prevent potential situations such as this.

Assessment: Client does not want to clean up the mess she created. By running away and hiding, she will not have to clean up the area; she may think you will clean it up for her.

Techniques: Allow her to go to her room. Ignore her behavior unless she starts activities that are destructive or harmful. When she has had time to regain control of her behavior, you may want to go in and talk with her or you may wait until she returns to the room on her own. Encourage the client to clean up the area with your help. A reward may be in order when the task is complete.

Follow-up: If she refuses to clean up the mess, a short discussion with her about how she can help to clean up and a positive time out might be helpful for her to think about what should be done next.

Comments: Bathing a doll or playing house with the client may be a good time for you to interact with the child and promote good grooming skills. You could also practice good housekeeping skills as a part of helping her be responsible for making sure the area is cleaned before she leaves that activity.

PART III

The procedure for using the restraint method for behavior management should follow the general guidelines listed below.

1. When approaching the client, assume a non-threatening but prepared posture. Do not yell, scream, or reprimand, which might only heighten the inappropriate behavior.
2. Maintain eye contact with the client at all times, while speaking and instructing in a calm, reassuring voice. As described above, continue to talk to the client in an effort to de-escalate the situation.
3. If it is necessary to grasp the client and there is a choice, always grasp the client by the clothing rather than by the flesh. In addition to affording a better grip, there is less likelihood that the client will be hurt and the incident escalated further.
4. If it is necessary to grasp a body part, grasp a limb at points just above the joints. In addition to offering a better grip, it is likely to minimize joint damage.

5. When containing a client from hitting, do not force the client. Do not force the client's arms down. Apply only the level of strength that may be sure to stop the blow.

6. When containing a client against a wall, allow the client some room for movement. Since the object of the procedure is to assist the client in calming down or regaining composure, rigid containment is likely to simply extend the length and intensity of the incident.

7. Throughout the containment procedure, reassure the client and encourage relaxation.

8. Remember, hands-on contact to restrain a client should only be through the placement of your body weight in such a manner as to prevent the client's movement only briefly. It does not involve the use of restraining devices such as "soft ties," seat belts, etc.

9. Document, describing the incident in detail:

   - Date of incident
   - Time of day of the incident
   - Total amount of time spent in containment
   - Events that led up to the need for containment
   - Strategies used to avoid the use of physical containment
   - Exact description of your actions during containment (e.g., position, location)
   - Outcome of containment, including injuries
   - How the incident was eventually resolved

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about behavior management. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

_____ _____ **Read** objective sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and study requirements with your instructor.

OBJECTIVE 1

_____ _____ **Study** information sheet.

NOTE: To check for competency in this objective, the test will present a list of terms that you must match with their correct definitions. To show mastery in this objective, you must make the correct choice for 8 of the 10 terms.

OBJECTIVE 2

_____ _____ **Study** the information sheet.

_____ _____ **View** video *Non-Violent Crisis Intervention.*

NOTE: To check for competency in this objective, the test will present a list of behavior management techniques. You will be asked to write the names of five techniques defined and the names of five techniques used in short case studies. To show mastery in this objective, you must write the correct names for 4 of the 5 definitions and for 4 of the 5 techniques depicted.

	Req.	Comp.	
OBJECTIVE 3	_____	_____	**Study** the information sheet.
	_____	_____	**Complete** Assignment Sheet 1.
	_____	_____	**Read** Student Supplement 1.
	_____	_____	**Watch** the "Gentle Teaching" video.
	_____	_____	**Complete** Activity Sheet 1.
	_____	_____	**Complete** de-escalation/non-violent restraint training.

NOTE: To check for competency in this objective, the test will present five case studies. You will be asked to apply appropriate behavior management procedures. To show mastery in this objective, you must outline appropriate procedures for 4 of the 5 cases.

UNIT REVIEW	_____	_____	**Review** unit and assignments.
	_____	_____	**Complete** test.
	_____	_____	**Discuss** test results with your instructor.
	_____	_____	**Complete** additional study requirements listed below.
			______________________________
			______________________________
			______________________________
	_____	_____	**Proceed** to next study assignment.
			______________________________

OBJECTIVE 1

Match terms associated with behavior management with their correct definitions

Aggression — Hostile, harmful action or behavior

Appropriate behavior — Any behavior that reinforces social acceptance and that does not harm the client, another person, or property

Attitude (or label) — Mental view that has observable clues such as a frown or smile that can be interpreted

EXAMPLES: Sad, happy, loud, aggressive

Behavior — Actions or reactions of people

NOTE: Not all behavior is bad; behavior can be positive, socially acceptable, or inappropriate.

Behavior management — Providing opportunities for clients to learn correct, socially acceptable behavior; most appropriate when done in a positive manner such as praise or rewards for good behavior

Corporal punishment — Physical action, such as hitting, spanking, or slapping as response to misbehavior

NOTE: Corporal punishment teaches the client to use force to solve problems. In addition, corporal punishment draws the client's attention to the source (the respite worker) of the punishment instead of to the cause (inappropriate behavior).

De-escalation — Scaling down or decreasing the intensity of the problem by removing stimulus that causes the reaction or inappropriate behavior

Dignity — Respect; self-esteem

NOTE: An important part of respite care is treating each client appropriately and with respect to help maintain the client's self-esteem.

Discipline — Process of correcting, molding, strengthening, improving, and eventually helping others learn to control their own actions

Guidance — Process of leading or directing behavior

Ignoring — Not responding to a client's inappropriate behavior

Inappropriate behavior — Harmful or socially unsuitable behavior

EXAMPLES: Scratching or hitting oneself or others, taking another person's property, masturbating in public

NOTE: What is considered inappropriate is determined by the culture, the client, and the client's family.

Interaction — Any form of participation between two people

Non-aversive — Pertaining to methods of behavior management that reinforce the client's good behavior (Gentle Teaching for example)

Physical containment — Actual "hands-on restraint" to restrict movement; used only in an emergency to provide protection for the client or another person from danger

Positive reinforcement — Special recognition or reward for a client who accomplishes or attempts what is expected

Redirection — Behavior management method that refocuses client's attention

Response — A chosen reaction to a stimulus

Restraint — Using one's own body weight to prevent client's harmful actions until client can regain self-control

Self-abuse — Any behavior that results in physical self-injury

Self-endangering — Pertaining to any behavior that could cause permanent injury or death to the client

Self-stimulation — Repetitive behavior such as rocking or hand flapping

Time out — Behavior management technique that includes providing an opportunity for the client to be in a calm, less-stressful environment in order to regain self-control

OBJECTIVE 2

Identify techniques for behavior management

INTRODUCTION

Behavior is defined as anything that the client does that can be observed by the provider and measured or counted. If a client started to cry, slammed the door, and jumped on the bed, you would certainly be able to observe the actions and probably would consider the behavior as bad, undesirable, and inappropriate. Behavior can and should be encouraged to be positive and appropriate. Good behaviors are important and should be recognized in a positive manner to encourage the client to continue the good behavior.

Behavior management in this unit refers to techniques or methods used to promote good behaviors. Behavior management is based on the concept that behaviors are learned. As a respite care provider, you will need to understand what is causing the positive as well as unacceptable behaviors you observe in your client. You have the opportunity to help your client learn new behaviors that can be substituted for inappropriate behaviors.

You will be providing care to clients who have a wide range of disabilities and special needs. You may be working with clients, who because of their disability, may exhibit aggressive behavior, be self-destructive, or represent danger to others and property. As the caregiver, you may need to handle inappropriate behavior in an emergency situation. If your client has severe behavior problems, provisions for a positive behavior management program will probably be included in the daily care plan.

Categories of behavior

Any client is capable of unacceptable behavior; but for the typical client, behavior will fall into three categories:

- **Positive behavior,** which should be recognized, reinforced, and encouraged. Positive reinforcement for good behavior is more effective than dealing out consequences for unacceptable behaviors.

- **Permitted behavior**, which may not always be desirable, but may not be the focus of behavior management at that time. The behavior may be a result of the disorder, it could be a harmless habit, or it may be permitted to allow client to make mistakes and learn alternative behaviors.

- **Unacceptable** behavior [illegible] unacceptable and/or [illegible] modified or eliminated with a [illegible] management program.

Guidelines for managing behavior problems follow the rules of the normalization principle and least restrictive environment. As you learn about the various techniques and in what situations they can be used best, remember that determining the technique is only one step in handling inappropriate behavior. People with emotional problems are typical people except that they deal with their emotions in unusual ways. It is up to you as the respite care provider to learn different approaches to working with the client.

As a respite care provider, you may find that your ideas about what is acceptable behavior are not the same as that expected by the family. You will need to follow the rules set up by the parents **except** the use of corporal punishment. NEVER USE CORPORAL PUNISHMENT.

Behavior management techniques are listed in an order from least-restrictive to most-restrictive interventions. Behaviors that are tolerated vary according to the disorder, family expectations, and situation.

- **Reinforce** the positive behavior.

- **Prevent** unacceptable behavior.

- **Permit** the behavior — Ignoring the behavior may be the best way to deal with the situation at the present time even though the behavior is unacceptable.

- **Tolerate** the behavior — Put up with the behavior because the alternative may be even less acceptable or more damaging.

- **Intervene** in the situation — Step in and make changes necessary to de-escalate the situation to a tolerable level. This could be re-direction, instruction, or time-out.

- **Restrain** the client — Apply physical restraint only as a last resort to control dangerous behavior.

NOTE: Do not use physical restraint unless it is absolutely necessary.

POSITIVE BEHAVIOR

Reinforcement

Reinforcement, generally referred to as positive reinforcement, is an excellent method for increasing a behavior. Literally, the term *reinforce* means *to strengthen*. When applied to behavior, reinforcement "strengthens" a particular behavior. Positive reinforcement works by following a behavior with a pleasant event or a reward.

The trick to making positive reinforcement work is determining the client's positive reinforcers. Depending on the client, possible positive enforcers might be taking a walk, playing ball, working a puzzle, or just getting some special attention from the caregiver! (For many clients, the reward can be the relationship itself with the caregiver.) No two people have the same positive reinforcers. As a respite provider, you must rely on the client and his or her parents to give you an idea of the client's positive reinforcers. Practically anything can be used as a reinforcer. The main criteria for use is that the reinforcer increase the behavior in the future.

A variety of factors, in addition to choosing the proper reinforcer, influence the effectiveness of positive reinforcement. The reinforcement must **immediately** follow the proper behavior, and you must be careful to reward the client during the behavior. Do not wait a few minutes, or else you may reinforce the wrong behavior.

Another important and closely related factor is that the reward should be **behavior-specific**. For example, if the client is being quiet instead of shouting, then you should give a reward while the client is being quiet.

The final important factor is that the reinforcement must be **consistent**. If the parents are dealing with a certain improper behavior by using a certain method, then you should use the same technique to ensure that the pattern is not disrupted.

On the following page is a list of possible rewards for use in reinforcement situations. You do not need to memorize the list, but it might be a good idea to keep it handy in case you ever run out of ideas for rewards.

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Reinforcers

Foods/beverages

Milk/chocolate milk
Fruit juice/punch
Soft drinks
Fruit
Popcorn
Nuts
Crackers
Dry, presweetened cereal

Toys/games

Playing cards
Checkers
Bean bags
Kite
Yo-yo
Jacks
Marbles
Blocks

Books/magazines

Comic books
Coloring books
Picture books

Art Supplies

Crayons
Paints
Modeling clay

Sports equipment

Balls
Croquet set
Slide
Punching bag
Jump ropes
Horseshoe set
Football equipment
Roller skates

Musical equipment

Harmonica
Recorder
Piano
Record player
Tape player
Kazoo
Coffee can drum
Rattle/shaker

Other Activities

Dancing
Exercising
Reading
Playing dress up
Washing the car
Playing records/tapes
Making/playing puppets

Using a typewriter
Reading a map
Writing a letter
Making a kite
Doing puzzles
Going for a walk
Pitching pennies

REMEMBER

1. Always ask the parents about appropriate rewards and the use of food as rewards.

2. Give rewards that are appropriate for the client's age.

3. Give special attention as a reward.

PERMITTED BEHAVIOR

Ignoring

Planned ignoring is a useful technique to use when clients are behaving inappropriately just to perturb the caregiver or respite care provider. Planned ignoring or **extinction** is based on the fact that ignored behaviors often fade out or become "extinct" because they receive no reinforcement.

You may also "permit" a behavior by ignoring it to allow the client an opportunity to discover unsuccessful or unpleasant consequences of the actions.

A principle closely related to **ignoring** is **satiation**, the behavioral "product" of planned ignoring. Again, you let clients engage in the inappropriate behavior until the behavior no longer provides any satisfaction for them (the clients have become "satiated" with the behavior). At that point, they usually stop exhibiting the inappropriate behavior.

The respite care provider must be very careful in deciding which behaviors are ignorable and should consult the client's family to determine whether the technique is allowable.

CAUTION
DO NOT IGNORE SELF-ENDANGERING BEHAVIOR.
Ignoring is not appropriate for potentially dangerous or disruptive behaviors or for children who lack enough self-control to calm down.

One step more

Planned ignoring may not always be an option for managing problem behaviors. Can you think of some specific examples when the planned ignoring method would be inappropriate? Include instances that you have seen in your field trips and practicums or from the behavior management video in this unit.

UNACCEPTABLE BEHAVIOR

By recognizing the early warning signs of unacceptable behavior that your client displays, you may be able to change the client's environment enough to prevent behavior problems. Discuss with the client's family ways to head off problems.

Prevention

Prevention is the best way to head off unacceptable behavior. After you have worked with the family and client for a while, you will probably be able to predict what will happen in a given situation. You will be able to set limits and channel the client's activities toward positive situations with acceptable behavior.

As a respite care provider, you need to be alert to situations or actions that result in behavior problems. In many cases you can prevent behavior problems by changing the client's environment:

- Remove objects that client should not touch or use
- Close doors to rooms that are off limits
- Lock cabinets
- Separate clients who are acting out
- Change activities
- Eliminate stressful demands on client

A client may be less likely to continue with disruptive or unacceptable behavior when you...

- Are present in the room or can be seen near by
- Can touch the client on the shoulder or arm to reassure the client
- Can change the situation by telling jokes, discussing subjects of interest with the client, or otherwise providing a less-stressful environment
- Can provide an opportunity for the client to learn how to control the undesirable behavior; you will need to support and encourage the client while providing suggestions and instructions about appropriate behavior

  NOTE: The "teachable moment" so often referred to in a school setting certainly applies here. Why not provide good examples for the client to follow at a time when it is most needed?

- Can help the client communicate problems and provide redirection; use your listening skills and provide feedback until you have identified the problem, then solve the problem or eliminate the frustration as soon as possible

- Can help the client regain self-control by using time out in a calm, relaxing, comfortable area and by using relaxation techniques with the client

  NOTE: Find out from the client's family what relaxation techniques, such as soothing music, exercises, or deep breathing, work best for your client.

- Can provide a safe environment that lends itself to controlling the undesirable behaviors

Redirection

Redirection is a behavior management technique in which the respite care provider steers the client to another activity before the client has an opportunity to exhibit an inappropriate behavior. Also referred to as **distraction**, this method requires the provider to be very attentive to the client's actions and intervene with redirection when a problem behavior begins.

- Distract the client to something that is constructive and will not cause any harm

- Reinforce any positive behavior as soon as it begins; immediately reinforcing appropriate behavior will help improve the client's behavior instead of merely remedying the situation

Communication

Encourage the client to discuss the problem. Not only does this divert the client's attention from unacceptable actions, but it also allows the client to practice self-control.

Ask the client questions to encourage a response:

- What is wrong?

- Do you need help?

- What do you want?

- What do you want to do now?

- Would you like to sit down?

Instruction

Giving instructions may change the client's unacceptable behavior to acceptable behavior.

- Talking, itself, may interrupt problem behavior and distract the client away from harm

  EXAMPLE: Jeremy begins to hit himself. You tell him to stop. Once you interrupt the behavior, you can provide more information if needed.

- Introduce new ideas (such as why you should not talk to strangers, what to do if a stranger tries to touch you, what it means to have sex, why you do not call people bad names, etc.) when the client is ready to learn

  EXAMPLES: A trip to a grocery store may require a lot of instructions and warnings, but react quickly to stop a client from running into the street. Explain the dangers of traffic after the client stops.

  If your client begins to masturbate in the living room, discuss private and nonprivate places.

- Show as well as tell your client what is proper behavior

  EXAMPLES: Show a client how to scrape the plates before putting them in the dishwasher, how to sit in a chair, how to dance, or how to build a log cabin; reinforce with verbal communication.

Time out

Time out is the name given to a method of behavior management that allows the client time away from a problem situation. Time out provides emotional support while giving the client time to regain self-control.

The location of a time out is somewhere in the immediate environment, such as a large comfortable chair, a quiet corner in a room, or any place where the client and the respite care worker are safe and can have some privacy.

There is no specified time limit for time out. It lasts until it meets the needs of the client and danger is past.

What to do during time out

- Discuss what is happening, the problem, the situation
- Provide soothing music or assist with deep breathing techniques to help the client relax and calm down
- Provide emotional support for the client's feelings while not condoning inappropriate behavior
- Encourage client to discuss more appropriate ways to act
- Allow a return to normal activity as soon as client gains self-control

Many sports use a period of time out to allow the players a few minutes of rest, give the coach a chance to remind players of key plays or suggest a new plan of action, or simply give the opponents a chance to lose their momentum.

Many behavior situations reach a point where a brief suspension of activity can be helpful. Time out gives the client time to think about what is happening and time to consider how to resolve a problem. If another person is involved, time out gives that person a chance to lose interest in the situation. Time out gives the respite care worker, like the coach at a sporting event, a chance to remind the client of appropriate behaviors and to suggest new ways of approaching the problem.

Restraint

RESTRAIN A CLIENT ONLY AS A LAST RESORT TO PREVENT INJURY.

Client safety is the main concern of the respite worker. You do [illegible] client's actions that are going to injure the client [illegible] Restraint is not punishment or a means of [illegible] literally a holding action for safety's sake.

Client dignity is also a major concern of the respite care worker. Because restraint is often a humiliating experience for a client, try some other methods of behavior management, such as redirection, first.

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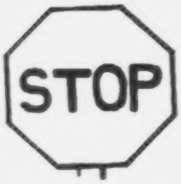
If you cannot redirect the client's attention to a safer activity, restraint does allow you to keep the client from injury until the client can provide self-control.

Restraint is a negative example because it teaches the client to use force to solve problems. Use restraint only as a last resort.



STOP! Before you restrain a client in a **non-emergency** situation, remove anything that may harm you or the client such as large jewelry, sharp metal accessories, or equipment.

Guidelines

- Before attempting to restrain a client in a **non-emergency situation**, DO remove jewelry, apparel, or equipment that could cause harm to you or client

- If client has any kind of weapon,...

  Keep an object such as a chair between you and the weapon,

  or

  Throw a soft, floppy object such as a towel in client's face to divert client's attention while you move in as close as possible

- When approaching the client, assume a non-threatening but prepared posture. Do not yell, scream, or reprimand, which might only heighten the inappropriate behavior.

- Maintain eye contact with the client at all times, while speaking and instructing in a calm, reassuring voice. As described above, continue to talk to the client in an effort to de-escalate the situation.

- If it is necessary to grasp the client and there is a choice, always grasp the client by the clothing rather than by the flesh. In addition to affording a better grip, there is less likelihood that the client will be hurt and the incident escalated further.

NEVER...

NEVER strike a client

NEVER grab client by neck or throat

NEVER use more restraint than necessary for a situation

NEVER restrain out of anger or desire to punish

NEVER restrain a client during behavior that does not threaten personal safety

- If it is necessary to grasp a body part, grasp a limb at points just above the joints. In addition to offering a better grip, it is likely to minimize joint damage.

- When restraining a client from hitting, do not force the client. Do not force the client's arms down. Apply only the level of strength that may be sure to stop the blow.

- When restraining a client against a wall, allow the client some room for movement. Since the object of the procedure is to assist the client in calming down or regaining composure, rigid containment is likely to simply extend the length and intensity of the incident.

- Throughout the procedure, reassure the client and encourage relaxation.

- Remember, hands-on contact to restrain a client should only be through the placement of your body weight in such a manner as to prevent the client's movement only briefly. It does not involve the use of restraining devices such as "soft ties," seat belts, etc.

- Document, describing the incident in detail:

Date of incident
Time of day of the incident
Total amount of time spent in containment
Events that led up to the need for restraint
Strategies used to avoid the use of physical restraint
Exact description of your actions during containment (e.g., position, location)
Outcome of restraint, including injuries
How the incident was eventually resolved

OBJECTIVE 3

Apply procedures for handling inappropriate behavior

As a respite care worker, you eventually will encounter some undesirable behavior from a client. How you handle the situation may determine whether it happens again or how severe the behavior is the next time.

BEHAVIOR MANAGEMENT IS NEEDED ONLY IF A CLIENT BEHAVIOR IS INAPPROPRIATE FOR THE CLIENT'S MENTAL AGE OR DISABILITY OR IF IT THREATENS THE SAFETY OF CLIENT OR ANYONE ELSE.

A behavior is inappropriate only if it is a learned behavior and is not typical of people who have the same mental age and handicap. Do not try to change behavior that is a symptom of a particular disability unless it threatens someone's safety.

There are four main types of inappropriate behavior that call for behavior management:

- Aggression
- Self-endangering behavior
- Self-abuse
- Self-stimulation

Process

How do you as a respite worker handle inappropriate behavior?

- **Prevent** it if possible, by providing a positive environment that reinforces positive behavior.
- **Assess** the situation; is it an emergency, is the safety of the client or another person in danger? If not, then take time to decide whether the behavior is indeed inappropriate and if there is a need for intervention.
- **Choose** a technique for behavior management.

  NOTE: Remember to consider the least-intrusive method or least-restricted environment. Follow parent's suggestion unless it involves corporal punishment.

- **Follow through** with the method or technique.

- **Document** the situation and the techniques used as well as the result. Be sure to utilize all the information you learned about legal documentation. Report the incident to the family and agency.

NOTE: DOCUMENT ANY INCIDENT THAT RESULTS IN ANY FORM OF PHYSICAL CONTAINMENT.

Document the following items for each incident of physical containment:

Date
Time of day incident occurred
Amount of time client was contained
Circumstances leading up to containment
Actions and strategies used to avoid containment
Actions, including position and location, taken during containment
Results of containment, including injuries
Eventual resolution of incident

Guidelines

Some general guidelines may be helpful as you learn how to handle difficult situations with your client.

- Give praise when you catch a client doing something good
- Prevent problems if possible
- NEVER use corporal punishment
- Follow parent's method unless it involves corporal punishment
- Use loving guidance
- Be positive; focus on *do's* instead of *don'ts*
- Build your client's self-confidence at every possible opportunity
- Make desirable behavior attractive, interesting, and rewarding

- Set a good example
- Speak in a calm voice
- Accept the client's decision if you give a choice
- Provide acceptable ways for clients to release aggressive feelings
- Help clients accept the consequences of inappropriate behavior
- Be more generous in praise than in punishment; intensity—whether for praise or punishment—draws many people who are looking for attention
- Do not take a client's inappropriate behavior personally
- Let bygones be bygones after an episode of inappropriate behavior and its consequences
- Keep a good sense of humor

SUPPLEMENT 1

Gentle Teaching Method of Behavior Management

INTRODUCTION

Gentle Teaching is an approach to behavior management that is very different from traditional methods. It is based around the idea that people need human value in their lives and that value can be achieved through human interaction.

As the name implies, Gentle Teaching uses non-aversive methods for getting the client to cooperate. Spanking, hitting, scolding, or isolating the client is not allowed. You can use the Gentle Teaching Methods with all types of clients, but it requires the provider to have a great deal of patience and understanding.

Definitions

Bonding: The natural tendency to want to affiliate with others, characterized by physical closeness and emotional openness

Interaction: Any form of participation between two or more individuals

Non-aversive: Refers to disciplinary techniques that do not use painful or harmful methods such as electric shock, spanking, or isolation

Posture: Set of attitudes, values, and beliefs that govern a person's behavior

Response: A behavior exhibited in reaction to a stimulus

PROCESS

The Gentle Teaching method follows a four-step process:

1. Interrupt
2. Ignore
3. Redirect
4. Reward

INTERRUPT

Purpose:

- To prevent the clients from injuring themselves, others, or property

Guidelines:

- Interrupt in a minimally disturbing manner
- Carry it out without emotion
- Diffuse response, not intensify it
- Use it on a short-term basis only, just long enough to get client out of trouble

IGNORE

Purpose:

- To stop undesirable responses or behavior

Guidelines:

- Ignore the undesirable behavior, not the client
- Do not give eye contact
- Minimize physical contact
- Do not move toward the client unless you must
- React if you must, but do it as unemotionally as possible

REDIRECT

Purposes:

1. To communicate acceptable alternatives to inappropriate responses
2. To communicate that responses which previously stopped interactions or gained attention will no longer be effective
3. To communicate that reward is available and how it can be gained

Guidelines:

- Reinstate interaction and participation

- Use proactive support when possible; do not wait for them to exhibit improper behaviors

- Use tasks as vehicles for redirecting behavior

- Use gestures and physical prompts instead of speaking

- Make the redirection have a clear beginning and end

REWARD

Purpose:

- To reinforce the client's view of value sharing

Guidelines:

- Highlight the beginning and end of the reward

- Incorporate novelty into reward giving and sharing; think of new and interesting ways to reward the client

- Make reward easily accessible to the client

- Teach client that reward is a purpose for interacting

ASSIGNMENT SHEET 1

BASIC RESPITE CARE
DEVELOP BEHAVIOR MANAGEMENT SKILLS

OBJECTIVE 3

Apply Procedures for Handling Inappropriate Behavior

Name________________________________Score____________

INTRODUCTION

Quick and effective use of appropriate behavior management techniques can prevent unpleasant situations that could cause frustration, anger, and general unhappiness for the respite care provider, client, and family. Using proper behavior management techniques will reduce opportunities for undesirable behavior, result in fewer stressful situations for the client and provider, and decrease accidental injuries.

The first step in determining correct behavior management procedure is to define the nature and the extent of the undesirable behavior. After this step you can decide on the appropriate action to take. Remember to discuss methods of behavior management with the parents and inquire about what they consider undesirable behavior.

DIRECTIONS

Read the following situation and determine the procedure to be followed. Record the information on the forms given at the end of the case studies.

Case Study 1

You have been working with fourteen-year-old Sara for the past six months. Sara, who is mildly retarded, likes to go where other kids her age gather. Sara particularly likes to shop at the mall; however, she often becomes so engrossed in watching the other teenagers that she does not watch where she is going and may wander away. Today, as you are paying for a purchase, Sara starts to follow a group of girls down the mall. The girls are talking to Sara and appear friendly; they are all laughing and giggling. How should you handle this situation?

Case Study 2

Danny (age four) is mildly retarded and has trouble hearing and seeing. His parents have asked you to watch Danny and their two other children, Debbie (age six) and Brian (age nine). You have agreed to keep the children while the parents go out for the evening. While you are in the kitchen making snacks, the children are in the living room watching TV. You can hear the two older children discussing the show, but Danny does not want to watch that program. He wants to watch his favorite program and begins to kick, hit, and yell at his brother and sister. How should you handle the situation?

Case Study 3

As a respite care provider, you are often asked to care for a friend's older relatives. The older lady, Aunt Mary, is not ill; but she gets lost when she goes outside and may try to do household chores that are too strenuous for her. Since she lives only two doors down the street, working for them is very convenient. One afternoon when you are caring for Aunt Mary, you discover that you have forgotten to bring some of your information sheets with you. Aunt Mary is asleep, so you decide to rush home and get your materials. While you are at home, the phone rings. Since the call could be the school calling about one of your children, you decide to answer the phone. In the meantime, Aunt Mary has gotten up, gone outside, and headed across the street. The street is a main street for traffic, but fortunately the cars are going slowly because your house is in a school zone. How should you handle the situation?

Case Study 4

You are providing respite care for fourteen-year-old John. John is mildly retarded and is blind. You have been spending a few hours each week with John to help prepare yourself and him for a more extended stay in a few months. John likes to sit in his room and listen to music. Today, when you try to get him to come out of his room to eat, do his homework, or go to the store with you, he begins to call you names. You have talked to his parents about his calling you names and even talking to himself; they indicated that you should just ignore him when he does that. But today he began to break objects and throw things from his desk in your direction when you talked to him. How should you handle this situation?

Case Study 5

You have been asked to stay with fourteen-year-old Jamie for a weekend while his parents and brother visit relatives for a family reunion. Jamie is severely mentally retarded and has a speech disability that creates communication barriers. Jamie has been watching game shows on television while you prepared lunch. When you returned to the living room to tell Jamie lunch is ready, you find Jamie masturbating. How should you handle this situation?

CASE STUDY 1

Name ____________________

Assessment

Technique

Follow-up

Document

Comments

Prevention

CASE STUDY 2 **Name** ____________________

Assessment

Technique

Follow-up

Document

Comments

Prevention

CASE STUDY 3 Name ______________________________

Assessment

Technique

Follow-up

Document

Comments

Prevention

CASE STUDY 4	**Name** ____________________
Assessment	
Technique	
Follow-up	
Document	
Comments	
Prevention	

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CASE STUDY 5

Name ____________________

Assessment

Technique

Follow-up

Document

Comments

Prevention

NOTE: These answers are only suggestions and are subject to interpretation. As with any behavior problem, there are a number of ways to handle these cases.

Assignment Sheet 1

Case Study 1

Assessment: This is a typical behavior for a girl Sara's age; but it could be dangerous, especially if you had not noticed her walking away.

Techniques: If you know the girls that Sara is following and can arrange for her to continue in the group, the experience would be good for her. However, you must spend time with her discussing the dangers of wandering off and her responsibility to let you know if she is going to leave the area.

Follow-up: Discuss with Sara's family the possibility of having a group of young people that knows Sara spend time with her in social situations. You need to plan the outing and practice the situation with Sara before she goes out with them. You might even arrange for check points with other adults who can help make sure all goes well or offer assistance if needed. You may be able to borrow films or books that discuss social situations and correct behavior for a person with Sara's disabilities.

Document: Discussion with family

Comments: This is a normal activity for Sara, and you should encourage this type of interaction and social activity in a controlled environment. Education in personal and social awareness is vital to the health and safety of your client.

Prevention: Keep Sara in touching range; do not allow her to move far enough away from you to get lost. Discuss the problems with Sara, and encourage her to take responsibility for her own safety.

Case Study 2

Assessment: There are two different sides to consider, and someone is going to be unhappy unless the children can reach a compromise. Make a decision soon before the programs are missed and a fight breaks out. Instruct Danny to stop his inappropriate behavior or you will remove him from the situation until he can return to appropriate behavior.

Techniques: If the parents did not give instructions about what programs to watch, you will need to help the children reach a compromise. If there is more than one television available, the problem can be resolved easily. If a decision has to be made, let the children "trade" programs or priorities. A better alternative would be a special trip, activity, or personal attention.

Follow-up: These are normal behavior patterns for children and should be handled in an appropriate manner. Try to follow the guidelines established by the family to handle disputes.

Document: Report any problems, discipline, solutions, etc. for future reference.

Comments: This is a typical situation; resolve it as quickly as possible in a positive manner.

Prevention: This type of argument is typical for young children. Try to engage the children in other activities; or plan a schedule of programs to watch, with each one having a turn to choose. Try to offer Danny other activities, before he gets frustrated, that are appropriate for him.

Case Study 3

Assessment: Mary could be in danger of being hit by a car.

Techniques: Immediately go to Mary and guide her out of the street to a safe area. Talk to her in warm, friendly terms as you approach her. Do not startle her by yelling or talking loudly about her being in the street. Be calm.

Follow-up: Do not leave a client alone. You could have waited until she woke up from her nap and took her for a walk with you. You are responsible for her care. Do not take chances.

Document: Report dangerous or unusual behaviors and your methods for handling the situation. It may be valuable information to help someone who faces the same situation later.

Comments: You are responsible for her health and safety; do not leave her unattended. You would not leave a small child unattended; why would you leave Mary?

Prevention: Do not leave the client unattended. Discuss in a calm, quiet manner her responsibility to stay out of the streets.

Case Study 4

Assessment: John is damaging property and could be dangerous to you and himself. Take steps to protect him and yourself.

Techniques: You should try to find out what the problem is or what is upsetting him. Discuss ways to help him with the problem. You can try to distract him with an activity he likes. If the problem continues and appears dangerous, call for help to restrain him. Remember, you should not try to restrain him until you are certain that someone's safety is in danger and only then if you are sure you can physically contain him in a safe manner.

Follow-up: Be aware of his unusual behavior, and document any noticeable problems or reactions that might help the professional team assess the situation. Discuss, if possible, problems that John could resolve and any help that you or others can give.

Documentation: Follow guidelines for documenting behavior, physical restraint, interventions, etc.

Comments: John may be unhappy about being left at home with you while his parents leave. You can help prepare him for "his" vacation by discussing all the fun things you will be able to do together while his family is gone. Plan ahead, and let him help decide activities, foods, etc. that he will be allowed during the respite period.

Prevention: You will need to spend more personal time with John to help him understand your role as a care provider and the fact that you will be working with him even closer in the future. You will need to work out how you can handle his calling you names; you could work out a system that allows him to find suitable ways to express his frustrations.

Case Study 5

Assessment: Masturbation is not unusual for a client Jamie's age. The location is not appropriate.

Techniques: Try to get Jamie to stop masturbating long enough for you to direct him to a private area such as the bathroom or his bedroom. Allow him the privacy to finish the activity, then direct him to the bathroom to follow good hygiene practices.

Follow-up: You will need to discuss private activities and private places with Jamie. Remind him that his activities are to be private and should not take place where others can see him.

Documentation: Report behavior, discussions, and teaching points.

Comments: Although clients sometimes are involved in behaviors that you may consider inappropriate, you must remember that your personal attitude should not interfere with your professional behavior.

Prevention: Sometimes it is not possible to prevent a client from masturbating, but you can appropriately redirect him if possible.

Name________________________________**Score**____________

ACTIVITY 1

Apply the Gentle Teaching Method

NOTE: The student should see the *Gentle Approach* video before doing this assignment.

INTRODUCTION AND GUIDELINES

As stated in Student Supplement 1, the Gentle Teaching method of behavior management requires much patience and understanding on the part of the caregiver. Naturally, when you work with clients who have behavior problems, you may be exposed to some very harsh conduct such as hitting, kicking, spitting, or even vomiting. Such behaviors may make you feel as if you want to get revenge against the client; but you must remember that at **no** time are you to spank, hit, or deprive the client of any privilege. On the other hand, you should never let a client endanger you. If you feel threatened or fear that you may be injured, take yourself out of the situation and allow the client to settle down. Only you are responsible for deciding what you will tolerate.

DIRECTIONS

Read the following situations and outline how you would deal with the situation using the Gentle Teaching method. Record your answers on the Gentle Teaching forms.

Case Study 1

Annie is five years old and is also suffering from autism. She is highly aggressive and gets violent at times. Therefore, she must wear a helmet and pads to protect herself. You are caring for Annie one afternoon when she starts to bang her head against the coffee table. When you approach her, she climbs under the table, testing a new method of head banging. According to the Gentle Teaching method, what should you do?

Case Study 2

You are providing respite care for fifteen-year-old Clint. Clint is severely retarded and does nothing all day but walk around the house carrying an old calendar. His parents have written him off as hopeless, but you see some potential in this young man. How would you use the Gentle Teaching method to get Clint to put down his calendar and help you fold some towels?

Case Study 3

Because of your training as a respite provider, you have been asked to fill in at a group home in your area. This group home has five clients living there. Phil, one of the clients who is emotionally disturbed, spends most of his time taunting and teasing the other clients. You have spent time alone with Phil and know that he can be a friendly person. How would you use Gentle Teaching to get Phil to interact with one of his fellow roommates?

GENTLE TEACHING CASE STUDY FORM

CASE STUDY 1

Interrupt

Ignore

Redirect

Reward

Comments

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GENTLE TEACHING CASE STUDY FORM

CASE STUDY 2

Interrupt

Ignore

Redirect

Reward

Comments

GENTLE TEACHING CASE STUDY FORM

CASE STUDY 3

Interrupt

Ignore

Redirect

Reward

Comments

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Activity Sheet 1

Case Study 1

Interrupt: Definitely interrupt Annie's head banging. You do not have to get her out from under the table; she is not harming anything there, and trying to force her out might cause further anger.

Ignore: Do not ignore the head banging; it is self-endangering.

Redirect: Try to redirect Annie's attention to something else. Hand her objects to touch or play with, but do not let her use them to hurt herself.

Reward: Give Annie praise as soon as she begins to interact with you, even if she does so by rejecting the toys or other objects.

Comments: Keep in mind that the important intervention is to get Annie to stop banging her head.

Case Study 2

Interrupt: Clint is not harming himself or anyone else by just carrying around his calendar, so there is no need to interrupt.

Ignore: Try to ignore Clint's calendar and get him to ignore it too.

Redirect: Redirect Clint's attention to something else, eventually working around to getting the towels folded. You might try just getting him to hold a towel, or try tossing it back and forth with him.

Reward: Continue to praise and reward Clint with handshakes, pats on the back, hugs, hand clapping, or anything else that he responds to.

Comments: Do not expect Clint to fold the towels in perfect squares.

Case Study 3

Interrupt: Because Phil does not like to be around his roommates, start working with him on a one-on-one basis. Try to go outside, to another room, or someplace where you and he can work alone. This action serves to interrupt his adverse behavior to the others.

Ignore: Do not reinforce any negative behavior.

Redirect: Try to get Phil to redirect his attention toward you. You can thus build up his tolerance for people in general, and then he may be more receptive toward the other people in the house.

Reward: Constantly reward Phil for working with you.

Comments: When you think he is ready for interaction with another person, bring in someone who is nonviolent. Attempt to get them playing together with something (such as a ball) that does not require physical closeness. Gradually work the two people closer together, using yourself as a block.

TEST

BASIC RESPITE CARE
DEVELOP BEHAVIOR MANAGEMENT SKILLS

Name______________________________**Score**____________

OBJECTIVE 1

Match terms associated with behavior management with their correct definitions. Write the correct numbers in the blanks.

1. De-escalation
2. Attitude
3. Dignity
4. Interaction
5. Corporal punishment
6. Behavior management
7. Response
8. Self-abuse
9. Self-stimulation
10. Appropriate behavior

_____ a. Repetitive behavior such as rocking or hand flapping

_____ b. Providing opportunities for clients to learn correct, socially acceptable behavior; most appropriate when done in a positive manner such as praise or rewards for good behavior

_____ c. Respect; self-esteem

_____ d. Mental view that has observable clues such as a frown or smile that can be interpreted

_____ e. Any behavior that results in physical self-injury

_____ f. Scaling down or decreasing the intensity of the problem by removing stimulus that causes the reaction or inappropriate behavior

_____ g. Any behavior that reinforces social acceptance and that does not harm the client, another person, or property

_____ h. A chosen reaction to a stimulus

_____ i. Physical action, such as hitting, spanking, or slapping, as response to misbehavior

_____ j. Any form of participation between two people

OBJECTIVE 2

Identify techniques for behavior management.

1. Reinforcement
2. Ignoring
3. Prevention
4. Redirection
5. Communication
6. Instruction
7. Time out
8. Restraint

In each blank write the number of the correct technique defined.

___ a. Behavior management technique that includes providing an opportunity for the client to be in a calm, less-stressful environment in order to regain self-control and self-esteem

___ b. Special recognition or reward for a client who accomplishes or attempts what is expected

___ c. Not responding to a client's inappropriate behavior

___ d. Behavior management technique that refocuses client's attention

___ e. Using one's own body weight to prevent client's harmful action until client can regain self-control

In each blank write the number of the correct technique used.

___ f. Mr. Kelly habitually bends over and hits his head against his knees. You show him how to do some stretching exercises, touching his toes each time he bends over.

___ g. Karen's mother told you that Karen had stopped sucking her thumb last year but occasionally still does it to get attention. Later, when you are alone with Karen, she puts her thumb in her mouth and looks at you expectantly. You deliberately say nothing.

___ h. Kyle's care plan indicates that he has a history of putting small objects up his nose. Last year he had to go to the doctor three times to have something removed from his nose. Kyle's eight-year-old brother came home from a friend's birthday party today with a party favor that has about a dozen pea-sized pieces. As soon as the boys begin watching their favorite television show, you put the party favor out of sight.

____ i. Every time Kathryn sees a cabinet door open in the kitchen, she wants to eat. You are putting away the dishes from lunch as she comes into the kitchen and says that she is hungry. You tell her that since you have finished washing dishes, you are free to take her to the park.

____ j. Kevin is learning to hang up his clothes. When he goes to the closet as soon as he comes in the house, you praise him for remembering to hang up his coat.

OBJECTIVE 3 Apply procedures for handling inappropriate behavior.

Read the following case studies and outline the behavior management method you would use for each. Justify your response.

Case Study 1 Part A

Today you are taking five-year-olds Michael and Michelle to the park. They both like to go to the park and play in the sand box, slide down the slide, and swing on the gliders. Because of the lack of stimulation in their environment, both children are mildly retarded and developmentally delayed. You have positioned Michael and Michelle in the sand box, and they have their own toys to play with. When a neighbor child comes to join the children, Michael becomes upset and starts to throw sand at Michelle and the little boy. How should you handle this situation?

Assessment:____

____

____

Technique:____

____

____

Follow-up:

Prevention:

Part B

Now Michelle is mad; she begins to kick and scream, throwing sand at everyone. How should you handle this situation?

Part C

Michael and Michelle are both back in the sand box playing now, but Michael wants to go ride the glider. Michelle does not want to leave the sand box. How should you handle this situation?

Assessment:

Technique:

Follow-up:

Prevention: ______________________________

____

____

Case Study 2

You are taking care of Allan, who is twenty-one. Allan was driving drunk when he hit another car head on. The other driver and his wife were killed, but Allan was still alive when the ambulance arrived. Everyone was sure that Allan would die because he had broken his back in several places and had multiple head injuries. He did not regain consciousness for several weeks. After many months of rehabilitation and therapy, Allan is able to move from the bed to a chair with assistance; but he still does not seem to recognize anyone, does not express any emotions, and simply stares at whatever is placed in front of him. Allen has been so quiet that his parents are afraid he will never recover. Today you are to stay with Allan while his parents go to visit relatives. As usual, you have fixed the evening meal and you are preparing to help Allan eat. Tonight, Allan refuses to eat the food you offered him. In fact, he tries to push it off the tray you have fixed. How should you handle this situation?

Assessment: ______________________________

____

____

Technique: ______________________________

____

____

Follow-up: ______________________________

____

____

Prevention: ______________________________

____

Case Study 3

This is your first time to provide respite care for eight-year-old Darlene. Darlene has several medical problems and generally she is very fragile and weak. She is not allowed to become involved in physically demanding play. Darlene usually is a quiet little girl who enjoys being read to and likes to play with her dolls. Darlene is especially gentle with her dolls and shows great love and attention to them. Today she has a friend visiting, and they are preparing for a pretend fashion show. The girls are using fabric scraps and paper to make doll clothes. Suddenly, Darlene picks up the scissors and starts yelling at her friend. How should you handle this situation?

Assessment:____

____

____

Technique:____

____

____

Follow-up:____

____

____

Prevention:____

____

____

Case Study 4

Suzie is an eleven-year-old girl who is mildly retarded and diabetic. She helped her mother bake cookies for the family this morning. Suzie knows where the cookie jar is kept; and it seems that no matter where it is hidden, she finds the jar of cookies. As the respite provider, you realize that Suzie should not eat the cookies or other sweets. How should you handle the situation?

Assessment:______________________________

____

____

Technique:______________________________

____

____

Follow-up:______________________________

____

____

Prevention:______________________________

____

____

Case Study 5

You are working with a group of school-aged children in a weekend camp for the disabled. Tony has joined a group of students to play baseball but is unable to wait for his turn. Suddenly, Tony gets tired of waiting for his turn, throws his ball glove at the coach, and walks away, yelling and cursing at everyone. How should you handle this situation?

Assessment:______________________________

____

____

Technique:______________________________

____

____

Follow-up:

Prevention:

OBJECTIVE 1

a. 9
b. 6
c. 3
d. 2
e. 8
f. 1
g. 10
h. 7
i. 5
j. 4

OBJECTIVE 2

a. 7
b. 1
c. 2
d. 4
e. 8
f. 6
g. 2
h. 3
i. 4
j. 1

OBJECTIVE 3

Suggested answers

Case Study 1

Part A

Assessment: Interaction for the children is important, but overstimulation may cause frustration and confusion for all. Throwing sand is dangerous and must be stopped.

Technique: Immediately move to stop the sand from flying. If Michael will respond to a verbal "STOP," fine; but if you already know from experience that he will not respond immediately, then you should take steps to physically stop the sand-throwing.

Follow-up: Set ground rules. Anyone who throws sand will not be allowed to play in the sand but will have to play nearby without the others.

Prevention: Sit close to the children so that you can keep a careful watch on behavior of all the children. At the first sign of frustration, you should begin to talk in a pleasant tone about how they can have fun. Ask questions they can readily answer. In other words, divert their attention to new thoughts that will still allow them to continue playing in the sand.

Part B
If ground rules were set, Michelle should follow them; otherwise, follow the procedures for part A.

Part C
Assessment: You cannot watch both carefully if they are in separate areas. If you had stopped play in the sand because of misbehavior, it would be easy to move both children to the gliders.

Technique: Set guidelines for changing areas of play. Talk with them about working together to decide; use decision-making tactics to solve the problem. Be sure to include the twins in the process and ask for their opinion.

Follow-up: Start a new activity they both enjoy: take a walk, sing songs, play finger games, etc.

Prevention: Not applicable

Case Study 2

Assessment: Allan has just shown emotion for the first time, as far as you know. Allan is responding in the only way he knows how.

Technique: Start discussing about how he feels. Establish a way for him to communicate. Do not scold him for making a mess. Use the time cleaning up to suggest words that will describe his feelings. Be sure to document this event.

Follow-up: Involve him in deciding if you should prepare more/different food. Perhaps his reaction was a result of his not liking what you fixed. But, he did display a reaction that should be noted and responded to.

Prevention: Talk with him about food, time to eat, etc. Perhaps you will notice a mood change and can prepare him for the meal.

Case Study 3

Assessment: Danger; potentially one or both children could be harmed.

Technique: If a verbal warning would be followed, then use one. It may be necessary to take action to restrain the child physically.

Follow-up: Set ground rules. Change activities; find out what is causing the angry reaction.

Prevention: Keep sharp objects away from her. Supervise both children closely when they are using sharp objects. If you recognized tension beforehand, you could de-escalate the situation.

Case Study 4

Assessment: Eating sweets could be very dangerous for Suzie. Take necessary precautions.

Technique: You should remove the temptation to eat cookies. Lock the sweets in a place that Suzie cannot get to.

Follow-up: Provide appropriate snacks and activities to keep Suzie occupied.

Comments: It is hard for the diabetic child to see others in the family eat sweets. As a provider, you could make sure that you do not eat sweets in front of her.

Prevention: This is a difficult situation for the provider. You must take precautions to prevent problems. If allowable, you might take the time to cook something with Suzie helping you. Make sure it is something that you know she can eat.

Case Study 5

Assessment: Tony has lost control of his behavior.

Technique: It is important for Tony to have time to regain control of his behavior. He should be removed from the group and given a few moments of quiet time. Perhaps it would be helpful to have another adult present to talk with Tony so he can regain control and rejoin the group.

Follow-up: Make other activities available that require more participation; also, time with an adult discussing "waiting your turn," could be helpful.

Prevention: Closer supervision may have noticed Tony's frustration and prevented the disturbance.

Comments: You might try to teach Tony to accept responsibility for his own actions. Giving him options for success is very important.

OBJECTIVE SHEET

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

INTRODUCTION

Emergencies, disasters, and accidents can occur at any time; rarely is anyone "ready" for an accident to happen. Although we are never fully prepared for cut fingers, broken arms, or grease fires, we can take precautions to prevent them and learn how to handle them when they do happen. For example, knowing how to "accident-proof" a client's room or kitchen can help prevent many accidents. Similarly, knowing first aid and emergency procedures will help you take care of minor injuries, handle the emergency, and call for assistance. Caring for people in their homes can be a potentially frightening experience, but knowing first aid, cardiopulmonary resuscitation (CPR), and other emergency skills will enable you to do your job in a safe, confident manner.

UNIT OBJECTIVE

After completing this unit, you should be able to apply safety rules on the job and perform basic first aid for accident victims.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Indicate actions that ensure client safety during a fire, tornado, flood, or loss of electricity.
2. Move a client to safety.
3. Choose the correct fire extinguisher for various classes of fires.
4. Use a fire extinguisher.
5. Indicate safety practices for selected areas of the home.
6. Receive Red Cross certification for first aid.
7. Receive Red Cross certification for cardiopulmonary resuscitation (CPR) for adult, child, and infant levels.

INSTRUCTOR'S GUIDE

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide

- Transparency masters

  TM 1 — Standard Letter Symbols for Fire Extinguishers

  TM 2 — New Pictorial Symbols Used to Label Fire Extinguishers

- Information sheet
- Assignment sheets

  Assignment Sheet 1 — Identify Actions to Ensure Client Safety During a Fire, Tornado, Flood or Loss of Electricity

  Assignment Sheet 2 — Choose the Correct Fire Extinguisher for Various Classes of Fires

  Assignment Sheet 3 — Identify Safety Practices for Selected Areas of the Home

- Answers to assignment sheets
- Procedure sheets

  Procedure Sheet 1 — Move a Client to Safety

  Procedure Sheet 2 — Use a Fire Extinguisher

- Test

- Answers to test
- Evaluation forms

  Evaluation Form 1 — Objective 2

  Evaluation Form 2 — Objective 4

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
3. Make arrangements with your local Red Cross chapter for student instruction in first aid and in adult, child, and infant CPR.
4. Arrange for guest speakers.
    - Invite a fire fighter to speak to students about fires and fire prevention and to demonstrate the use of fire extinguishers.
    - Invite your local civil defense director to talk with students about safety procedures for disasters that may occur in your area.

- **Obtain materials needed to supplement unit.**

    1. Film — *Fire Safety: Extinguishers.* Color, 15 minutes, 1982, AIMS Media. Film stresses using the right kind of fire extinguisher, in the right way, on the right kind of fire.

       NOTE: This film is available to Oklahoma teachers on a free-loan basis. They may order from the Curriculum and Instructional Materials Center, Media Resource Center, Oklahoma State Department of Vocational and

Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

Out-of-state teachers may order from AIMS Media, 6901 Woodley Avenue, Van Nuys, CA 91406 (1-800-367-2467).

2. Pamphlets

   - Safety and first aid pamphlets available from local office of the American Red Cross and the American Heart Association

   - "In the Event of a Flood" and "In Time of Emergency" or similar pamphlets listed in the *Consumer Information Catalog* available from the Consumer Information Center, P.O. Box 100, Pueblo, CO 81002

3. Posters and charts on emergency procedures

4. Transparencies and competency profiles

   NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

  1. Modify presentation to accommodate special-needs students.

  2. Plan presentations to take advantage of student learning styles.

  3. Provide students with objectives and individualized study guide form.

  4. Pretest qualifying students: administer written test and interview students to assess student competencies.

  5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

    c. Indicate reading and study assignments on the study guide; include media.

    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

    - Put up posters, charts, etc. on disaster procedures, first aid, accident prevention, and fire prevention.

- Have available articles, pamphlets, and other information about emergency skills.

3. Introduce unit.
   - Discuss unit introduction on the objective sheet.
   - Point out that the respite care provider is responsible for client safety.
4. Discuss unit objective.
5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.
6. Discuss information sheet.
   a. Discuss Objective 1, actions to ensure client safety during a fire, tornado, flood, or loss of electricity.
      - Stress the importance of remaining calm during an emergency. Point out that the biggest help in staying calm is knowing what to do in an emergency.
      - Have students begin a safety notebook/resource book with articles, pictures, or other information relating to safety; students may add to the notebook throughout the unit study.
      - Point out that respite care providers who work for an agency may need to know and follow that agency's disaster policy.
      - Have students complete Assignment Sheet 1.

   b. Discuss Objective 2 and demonstrate how to move a client to safety.
      - Have students practice Procedure Sheet 1. Have students practice removing a non-ambulatory person from a bed and out of the room. Practice with and without a blanket.

- Point out that in event of a fire, the provider should remove the client from the house before calling the fire department from a neighbor's house.

c. Discuss Objectives 3 and 4.

- Color backgrounds of letter symbols in Transparency 1 so that the backgrounds will be the color indicated above each letter.
- Show Transparencies 1 and 2 when discussing classes of fires.
- Have the students locate and read the labels on the fire extinguishers in your school; ask students what types of fires those extinguishers can put out.
- Have students complete Assignment Sheet 2.
- Have a fire fighter demonstrate the correct way to put out a fire using a fire extinguisher.
- Have students practice Procedure Sheet 2 in simulated fire situations.
- Check with the fire fighter about how to have a fire extinguisher recharged after it has been used.

d. Discuss Objective 5.

- Explain that most safety measures are based on common sense; stress that the provider should constantly be aware of client safety.
- Discuss possible situations during a period of respite care when first aid may be needed.
- Brainstorm with students about ways to prevent accidents in various areas of the home and yard.
- Set up student groups to make slides of safety violations in and around a home, with each slide showing several violations. Have each group share their slides with the class to see if other

groups can spot all the safety violations in each slide. Ask students how to correct each of the violations.

- Have students share with the class any information they have found for their safety notebooks.
- Have students complete Assignment Sheet 3.

e. Discuss Objective 6.

- Point out the benefits if everyone were able to perform basic first aid.
- Point out that students in all health-related fields are expected to be proficient in first aid.
- Stress *prevention* of accidents is better than treatment.
- Discuss the Good Samaritan Act and how it protects first-aiders.
- Have a certified Red Cross instructor conduct classes in first aid.

f. Discuss Objective 7.

- Point out the benefits if everyone were able to perform CPR.
- Have a certified Red Cross instructor conduct classes in adult, child, and infant CPR.

7. Give written test.
8. Evaluate student performance of procedures.
9. Reteach and retest as required.
10. Complete appropriate section of competency profiles.

- **Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCE

Duncan, Betty. *Allied Health Careers.* Stillwater, Oklahoma State Department of Vocational and Technical Education/ Curriculum and Instructional Materials Center, 1987.

SUPPLEMENT 1 **Pretest**

DIRECTIONS Read each question and answer as directed.

OBJECTIVE 1 Write or tell your instructor the recommended actions that ensure client safety in the following situations:

A. Fire
B. Tornado
C. Flood
D. Loss of electricity

OBJECTIVE 2 Move a client to safety.

OBJECTIVE 3 Identify the type(s) of fire extinguisher(s) that should be used in the following situations. Write the letter of the correct type of extinguisher in each blank.

_____ 1. A burning pan of grease

_____ 2. Curtains ignited by a burning cigarette

_____ 3. A smoking television set

_____ 4. Overturned kerosene lantern

_____ 5. Smoking mattress

_____ 6. Burning paper in a plastic waste basket

_____ 7. Trash

Type A
Type B
Type C
Type D

OBJECTIVE 4 Use a fire extinguisher.

OBJECTIVE 5 Write six general safety rules and six kitchen safety rules to follow as a respite care provider.

OBJECTIVES 6 and 7 Show valid Red Cross first aid and CPR certificates.

SUPPLEMENT 2

Answers to Pretest

OBJECTIVE 1

The instructor will evaluate the student's answers on the criteria listed below:

- Follows any special instructions on care plan
- Knows where emergency numbers are located
- Knows nearest neighbor who can help with client
- Knows where fire extinguishers are located
- Knows how to access backup power for life support systems
- Knows where fuse boxes are located and how to replace fuses
- Knows where flashlight/batteries are located
- Follows general procedures for evacuation
- Follows recommended procedures according to emergency

OBJECTIVE 2

The instructor will need to evaluate the demonstration, using the evaluation sheet.

OBJECTIVE 3

1. B
2. A
3. C
4. B
5. A
6. A
7. A

OBJECTIVE 4

The instructor will need to evaluate the demonstration, using the evaluation sheet.

OBJECTIVE 5

The instructor will need to evaluate the answer. Using Objective 5 in the Information Sheet.

OBJECTIVES 6 and 7

Require valid Red Cross first aid and CPR certificates.

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about emergency care. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

_____ _____ **Read** Objective Sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and study requirements with your instructor.

OBJECTIVE 1

_____ _____ **Study** Information Sheet.

_____ _____ **Complete** Assignment Sheet 1.

NOTE: To check for competency in this objective, the test will present scenarios of different emergencies. You must answer each one to the satisfaction of your instructor.

OBJECTIVE 2

_____ _____ **Watch** demonstration of Procedure Sheet 1, "Move a Client to Safety."

_____ _____ **Practice** Procedure Sheet 1.

OBJECTIVE 3

_____ _____ **Study** Information Sheet.

_____ _____ **Complete** Assignment Sheet 2.

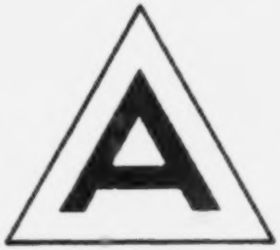
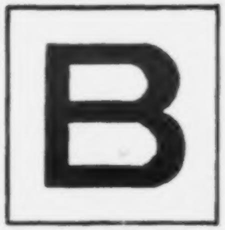
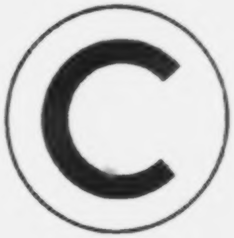
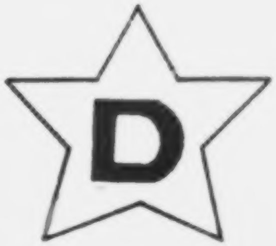
NOTE: To check for competency in this objective, the test will present different types of fires. You must choose the correct fire extinguisher for 4 out of 5 fires.

	Req.	Comp.	
OBJECTIVE 4	_____	_____	**Watch** film *Fire Safety: Extinguishers.*
	_____	_____	**Watch** demonstration of Procedure Sheet 2, "Use a Fire Extinguisher."
	_____	_____	**Practice** Procedure Sheet 2.
OBJECTIVE 5	_____	_____	**Complete** Assignment Sheet 3.

NOTE: To check for competency in this objective, the test will describe a scenario with various unsafe factors. You must identify all of those factors and state what you would do to correct them.

OBJECTIVE 6	_____	_____	**Complete and receive certification** in the Red Cross First Aid Course.
OBJECTIVE 7	_____	_____	**Complete and receive certification** in the Red Cross CPR Course. You must complete adult, child, and infant levels of training.
UNIT REVIEW	_____	_____	**Review** unit and assignments.
	_____	_____	**Complete** the test.
	_____	_____	**Discuss** the test results with your instructor.
	_____	_____	**Complete** additional study requirements listed below. _______________________________ _______________________________ _______________________________
	_____	_____	**Proceed** to next study assignment: _______________________________

Standard Letter Symbols for Fire Extinguishers

GREEN	RED	BLUE	YELLOW
			
ORDINARY COMBUSTIBLES	FLAMMABLE LIQUIDS	ELECTRICAL EQUIPMENT	COMBUSTIBLE METALS

Distinctive letters, shapes, and colors mark extinguishers according to the classes of fires on which they should be used.

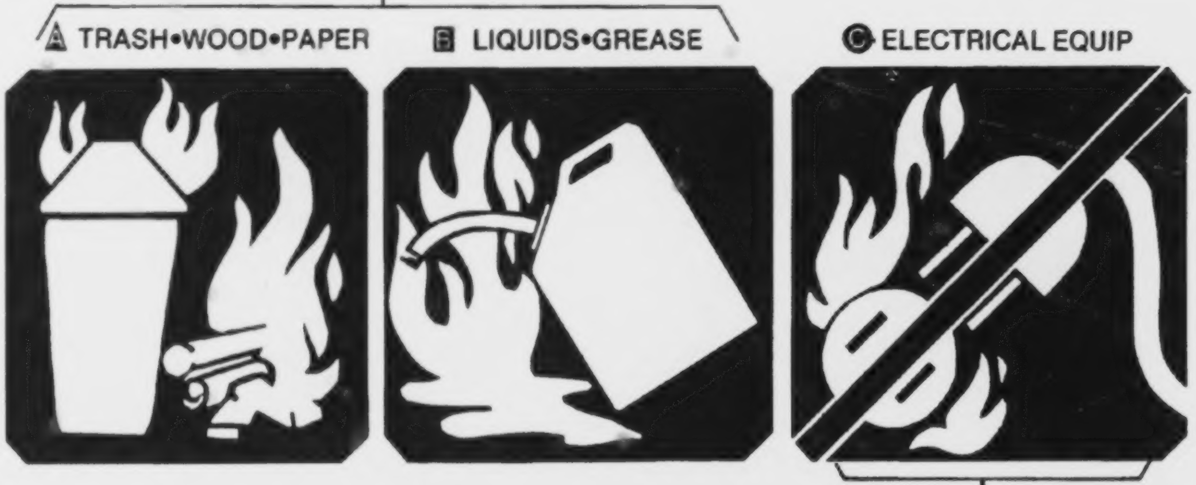
TRANSPARENCY MASTER
VII - 17

TM 1

TRANSPARENCY MASTER
VII - 19

New Pictorial Symbols Used to Label Fire Extinguishers

Symbols with blue backgrounds indicate fire extinguisher can be used for class of fire portrayed.



Symbols with red line across a black background indicate fire extinguisher *cannot* be used for class of fire portrayed.

OBJECTIVE 1

Indicate actions that ensure client safety during a fire, tornado, flood, or loss of electricity.

GENERAL

- Remain calm and controlled. Your life and the client's may depend on your ability to stay calm and take responsible actions.
- If you require help to move the client, call a neighbor, stop someone on the street, etc.
- Reassure clients and encourage them to help be responsible for their safety.
- Be sure the phone numbers for police, fire, and ambulance service are posted by the telephone.
- Write down the client's address and directions to the house; keep these by the telephone in case you need to direct emergency personnel to the house.

FIRE

Before . . .

- Know where the fire extinguishers are located and what kinds they are.
- Identify all exits from the house or building.
- Plan an exit route with the client and his or her caregiver. Designate a safe gathering place outside the home or building.

During . . .

- Decide if the fire is small enough for you to contain with a fire extinguisher or if you should evacuate the house and call for help.
- Remove client from the building as quickly as possible.

- Stay as close to the floor as possible. The smoke will rise and leave clearer air near the floor.

- When your client is out of the building, check for others who may still be inside. Do not leave your client alone if he or she could wander back into the burning building.

- Ask neighbors to call the fire department.

WARNING: DO NOT RETURN TO A BURNING BUILDING

TORNADO

Before . . .

- Be aware of television and radio stations that carry tornado information, and listen for the local civil defense sirens.

- Know the weather signs that signal a tornado is near.

- Be sure you know a safe place to take the client. If the house does not have a basement or storm cellar, move to the innermost part of the house, preferably to a small room or closet. Stay away from windows and cover yourself and the client with blankets, pillows, or a mattress.

During . . .

- Remain calm and controlled so that you do not alarm your client.

- If you are unable to move the client out of the house, move him or her to the floor, away from windows and large equipment, and cover him or her with a mattress, blankets, pillows, etc. Wait for an all-clear signal on radio or television.

- If you are caught outside when a tornado is sighted, seek shelter when possible or lie face down in a ditch.

FLOOD

Before . . .

- Discuss flood possibilities with the client and caregiver.

- Discuss plans for evacuation, equipment needed, and a gathering place.
- If dwelling is prone to flooding, plan for early evacuation.
- Do not drive through moving water.

During . . .

- Seek help from neighbors or emergency personnel if you cannot move the client and life support systems.
- If you are unexpectedly stranded, move to the highest level in the building.

NOTE: If you live in an area where earthquakes, hurricanes, or other natural disasters not discussed here are prevalent, seek special information about safety procedures from your local civil defense director. You may also find information on such disasters in the *Consumer Information Catalog* available from the Consumer Information Center, P.O. Box 100, Pueblo, CO 81002.

LOSS OF ELECTRICITY

Before . . .

- Identify the client's life support systems and learn proper backup procedures for the equipment. Practice any special procedures as required.
- Locate the fuse box and extra fuses.
- Locate flashlights, extra batteries, or other emergency light source.

During . . .

- Trip circuit switch in fuse box; replace fuse if needed
- Light client area with flashlight if electricity does not come back on.
- Ask a neighbor for help if you cannot solve the problem.
- Call emergency number if necessary.

OBJECTIVE 3

Choose the correct fire extinguisher for various classes of fires

NOTE: Fires are classified according to the substance that is burning. The burning substances determine the characteristics of a fire. For example, some substances burn at very high temperatures and put out very little smoke. Others burn at lower temperatures and give off a lot of smoke.

Just as there are different types of fires, there are also different types of fire extinguishers. Some extinguishers use water to put out fires while others use chemicals, gases, or foam for the same purpose.

CLASSES OF FIRES

The four classes of fires are

Class A — Fires that occur in ordinary combustible materials such as paper, wood, rags, rubber, and plastics

Class B — Fires that occur with flammable liquids such as gasoline, oil, grease, paint, and solvent

Class C — Fires that occur in or near electrical equipment such as motors, switchboards, computers, and electrical wiring

Class D — Fires that occur with combustible metals such as iron, magnesium, sodium, and potassium

OBJECTIVE 5

Indicate safety practices for selected areas of the home

NOTE: Your responsibility, as the respite care provider, is to be aware of any potential hazards in your work environment. At the initial interview, you will want to ask the caregiver if there are poisons or chemicals, poorly lit areas, excessive electrical usage, unsafe furniture or stairs, etc. Most caregivers with special-needs children are very conscious about the safety of their homes, so you will probably not find hazards very often.

If you do find a safety hazard, remember that you are not to change anything without the caregiver's consent unless the hazard presents an immediate danger. If you are worried about safety hazards and your ability to function safely in the environment, check with the agency and/or your supervisor. Remember, document any safety problems you find and report them to your supervisor.

KITCHEN SAFETY

Fire prevention

1. Know where the fire extinguisher is located and what kind it is.
2. Always make sure matches are extinguished before throwing them in the trash.
3. Be careful to turn off all burners and be aware if a pilot light is not lit and gas could be escaping.
4. Keep potholders, paper towels, and plastic or wooden cooking utensils away from the stove.
5. Turn pan handles toward the inside of the stove top. This precaution prevents children from reaching for a handle.
6. Do not leave stove unattended when burners are on.
7. Wipe up all food and grease spills immediately.
8. Keep baking soda near the stove to stop grease fires.

Sanitation and hazards

1. Wash your hands before cooking meals.

2. Keep kitchen clean by washing cabinets, table tops, dishes, etc. as you work. Remember to discuss any cleaning duties with your supervisor, client and caregiver.
3. Keep food covered and stored properly.
4. Be aware of items that pose a hazard: garbage disposal, sharp knives, open cabinet doors, loose or wet flooring.
5. Keep all cleaning supplies and poisons out of reach and/or locked in cabinets.
6. Report any electrical equipment that needs repair. Look for frayed cords, overloaded outlets, and uncovered receptacles, etc.

CLIENT AREA

1. Make sure all electrical cords are out of walkways.
2. Make sure bathroom is safe: store all electrical appliances, fasten loose rugs, mop up spilled water.
3. Secure all equipment in the bedroom: close all doors and drawers.
4. Take extra precautions when using oxygen or other breathing support systems. Check with your supervisor about use of oxygen.
5. Remove any objects left on stairs that might trip the client or anyone else.
6. Check that stair carpeting is tight.

ASSIGNMENT SHEET 1

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

OBJECTIVE 1 **Identify actions that ensure client safety during a fire, tornado, flood, or loss of electricity**

Name________________________________**Score**____________

INTRODUCTION No one can be entirely ready when an emergency occurs. However, you can prepare for an emergency by thinking ahead about what you would do if one occurred. This assignment sheet presents a variety of simulated emergencies to help you prepare for real ones.

DIRECTIONS Read each scenario carefully and think about what actions you should take. Write your answer on a separate sheet of paper.

1. You are caring for the Millers' two children, Wayne and Regina. Wayne is bedridden because of a birth defect; Regina is normal but very excitable. You have just finished feeding the children when you smell smoke in the house. What action should you take?

2. As you make your usual drive over to the Webbs' house to care for Maria, you hear on the radio that there is a flash-flood warning for their area of the city. What action should you take?

   Two hours later you find yourself in the house with Maria while the flood waters are reaching the outer edge of the front yard. What action should you take?

3. At 11:04 P.M. the electricity goes off in the Magruders' house. At the time, you are in the living room reading a book; Mr. Magruder, your client, is upstairs sleeping. The warning signal on his respirator is beeping. What action should you take?

4. While entertaining the Johnsons' little girl in her backyard, you notice some particularly threatening clouds forming in the west. You recall from your training course that you should always be aware if severe weather might be approaching. What action should you take?

You choose to ignore the clouds and continue to play with the little girl. Thirty minutes later you hear warning sirens going off. What action should you take?

OBJECTIVE 3

Choose the correct fire extinguisher for various classes of fires

Name________________________________**Score**____________

INTRODUCTION

Many fire hazards exist in a typical home. Electrical appliances, gas or electric stoves, gas water heaters, and flammable liquids are potential fire starters. If a fire breaks out, you must decide whether you can put out the fire or if you should evacuate the area and call for help. Practice in making such a decision, even if it is done in the classroom, will prepare you to act quickly during a fire.

The first step in choosing the correct response is to determine the class of fire you face. Review the information sheet for Objective 3.

This assignment presents descriptions of several fires and asks you to select a fire extinguisher to use on the fire. As in real situations, some of the fires may involve more than one class of fire. The fire extinguisher that you choose must be suitable for all of the classes of fires involved. For example, if a pile of rags catches on fire because of a faulty electric cord, you would want to extinguish the fire with an extinguisher that is suitable for both class A and class C fires.

NOTE: To check for competency in this objective, the test presents descriptions of several fires and a list of fire extinguishers. You must select the correct extinguisher from the list. To show mastery of this objective, you must choose the correct extinguisher for eight of the ten fires.

DIRECTIONS

Read each of the situations and choose the fire extinguisher(s) that could be used to fight the fire. Write the letter of the correct type of extinguisher in each blank.

Type A	Type B	Type C	Type D

_____ 1. Papers burning in a trash can

_____ 2. Smoke coming from an electrical outlet

_____ 3. Burning carpet caused by a cigarette

_____ 4. Smoke coming from a pile of rags

_____ 5. Paper towels ignited by a candle

_____ 6. Grease fire

_____ 7. Smoldering mattress caused by a cigarette

_____ 8. Smoke coming from a television set

_____ 9. Burning newspapers

_____ 10. Candle in the bathroom ignites paper, the rug, and a plastic clothes bin

ASSIGNMENT SHEET 3

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

OBJECTIVE 5 **Identify safety practices for selected areas of the home**

Name______________________________**Score**____________

INTRODUCTION The best way to avoid a household accident is to remove potential hazards from the home. This activity requires checking the client's house for things that might cause an accident. By completing this activity sheet, you will gain experience in finding and identifying potential hazards.

DIRECTIONS Go to your house or apartment and identify potential hazards. Write the hazards on a sheet of paper and show them to your instructor. Use the lists provided in Objective 5 as a starting point; but if you think of others, write them down too.

Assignment Sheet 1

Suggested answers

1. a. Remain calm

   b. Check source of smoke

   c. If smoke is coming from an electrical appliance and there is no fire, unplug appliance

   d. If there is a small fire, determine type of fire and whether you can put it out with the available fire extinguishers

   e. If fire is too large for you to handle, enlist Regina's help in getting Wayne out of the house, reassure children while staying close to the floor and getting out as quickly as possible; once all of you are safely outside, take the children with you to a neighbor's house and ask the neighbor to call the fire department

2. a. Stop at the nearest telephone and call the Webbs' house to inform the caregiver of the flash-flood warning; discuss evacuation plans

   b. If you do go on to the Webbs' house, do not drive through moving water

   c. Evacuate the house and go to a safer location; get help from neighbors or emergency personnel if needed

3. a. Trip the circuit switch in fuse box

   b. Follow backup procedures for Mr. Magruder's respirator

   c. Call the emergency number for your city's electric utility; explain the situation

   d. Light client area with flashlight

4. a. Turn on a television or radio channel that carries weather information to find out if there is a tornado warning for your area

b. If a tornado is approaching, determine whether there is time to take your client to a shelter elsewhere or whether you both should go to the safest location in the house

c. When the sirens go off, it is usually too late to drive to a safe shelter

d. Remain calm, but take the little girl to shelter in a basement or storm cellar; if neither of those is available, go to an inside closet or hallway away from windows and cover yourselves with blankets, pillows, or a mattress

e. Listen to a local radio station for the all-clear signal

Assignment Sheet 2

1. A
2. C
3. A
4. A
5. A
6. B
7. A
8. C
9. A
10. A

Assignment Sheet 3

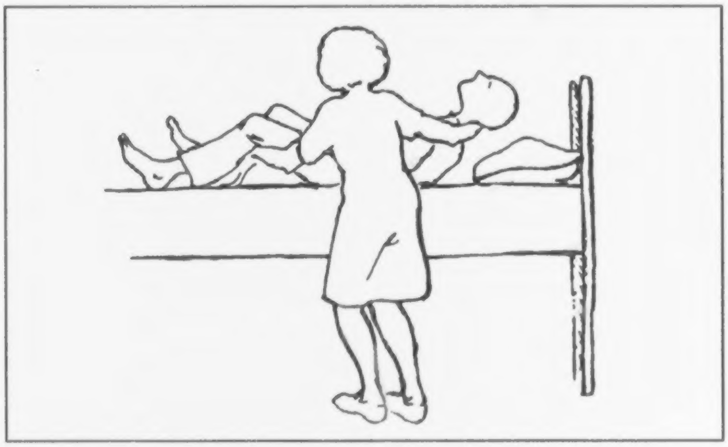
Evaluated to the satisfaction of the instructor

OBJECTIVE 2

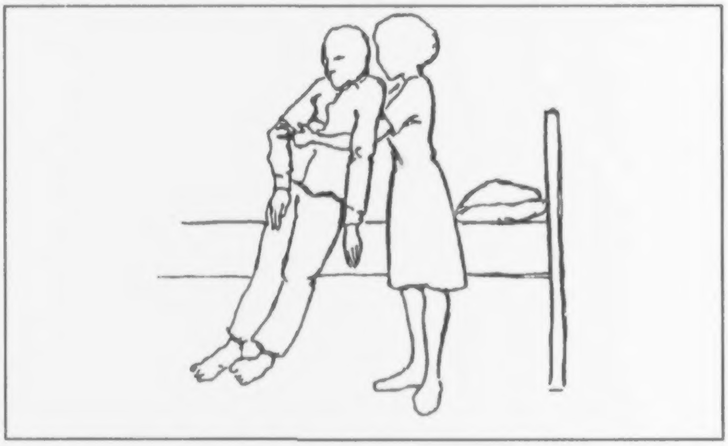
Move a client to safety

NOTE: This procedure works only on some clients. Other clients' conditions may not allow you to move them in this way. Use this method only if you cannot carry or wheel the client to safety.

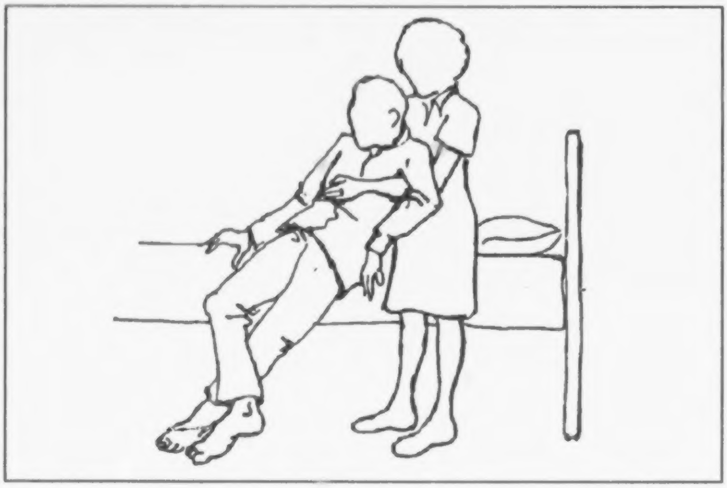
1. Lift client to a sitting position with legs over the side of the bed



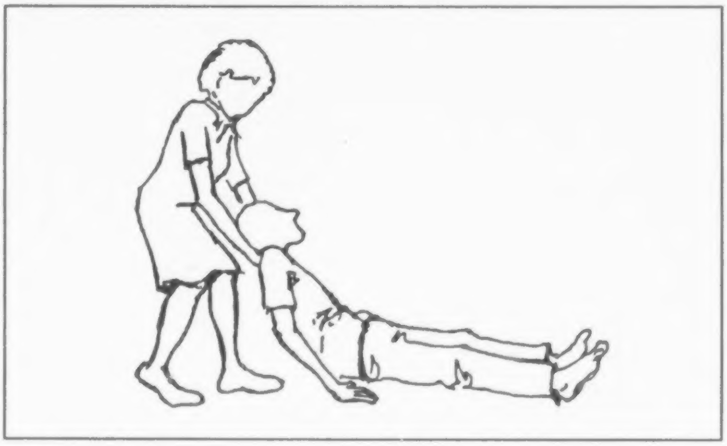
2. Grasp client from behind, under arms; lock your fingers together



3. Slide the client from the bed and lower him or her to the floor



4. Holding your hands under the client's arms, drag client from the room; if possible, place the client on a blanket and pull the blanket



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OBJECTIVE 4

Use a fire extinguisher

INTRODUCTION AND GUIDELINES

Using a fire extinguisher correctly is the most critical operation that you can perform during a fire. Many small fires spread and become too large to fight because someone did not know how to use an extinguisher.

The instructions presented here are **general guidelines** for using a fire extinguisher. As you might guess, most fire extinguishers operate in a similar manner; nevertheless, you should read the operating instructions on the label before using any extinguisher. Every time you go to a new client's house, check the fire extinguishers, make sure they are charged, and read the instructions so you will be prepared.

Before attempting to fight a fire . . .

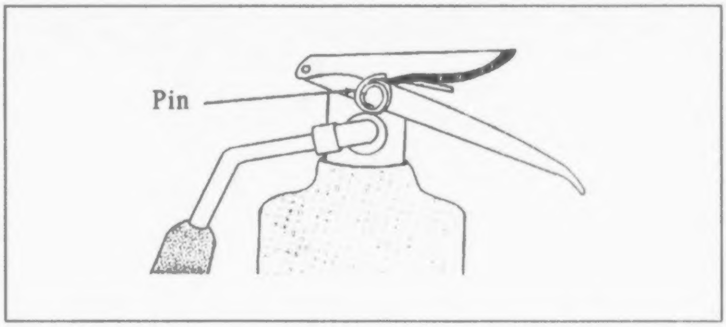
- Make sure the client is in a safe place
- Determine if the fire is small enough to put out with an extinguisher
- See if the correct type of extinguisher is available

EQUIPMENT

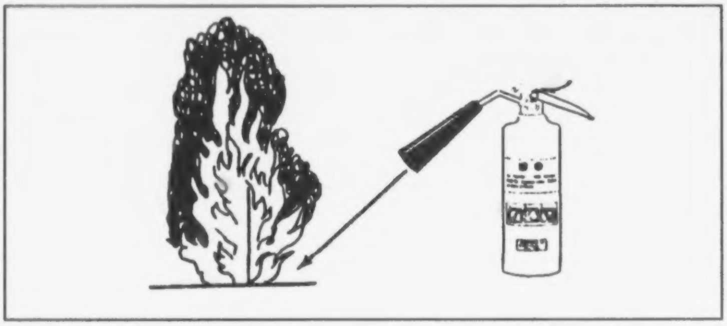
Fire extinguisher

PROCEDURE

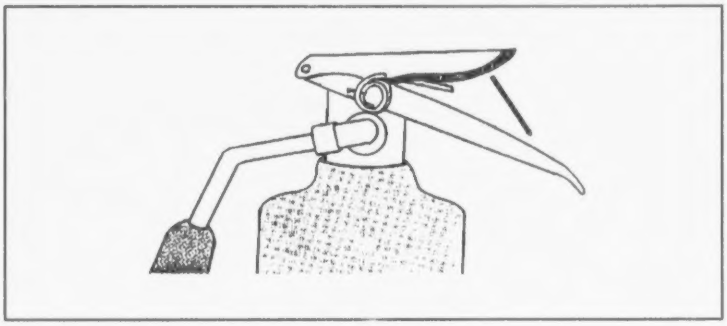
1. Pull the pin at the top of the extinguisher. Break the plastic or wire inspection band.



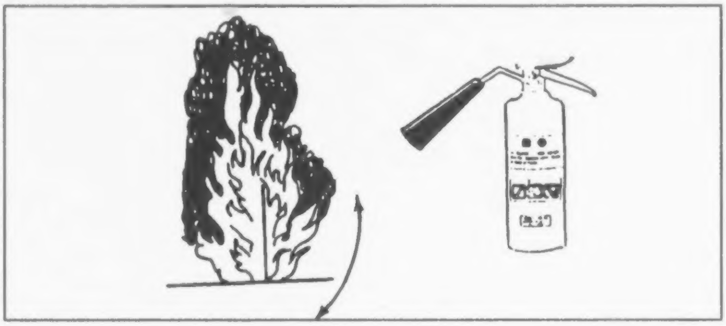
2. Point the nozzle or outlet toward the fire. Some hose assemblies are clipped to the extinguisher body. Release hose and point the nozzle.



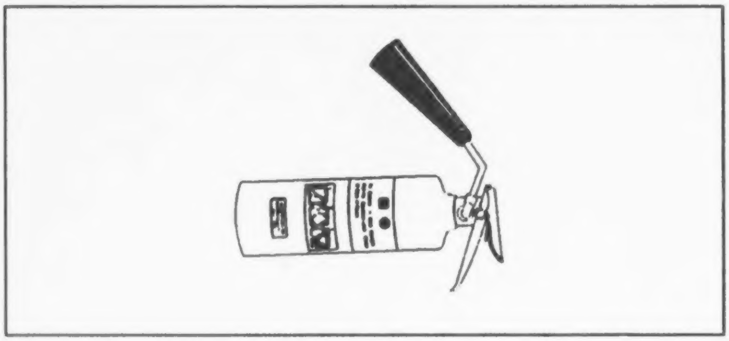
3. Press the handle above the carrying handle to discharge the agent inside. You can release the handle to stop the discharge.



4. Sweep the nozzle back and forth at the base of the flames to spread the extinguisher agent. After the fire is out, probe for smoldering hot spots. Make sure the fire is out.



5. Leave the extinguisher on its side to show that it needs to be recharged.



TEST

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

Name______________________________**Score**____________

PART I

Read the following questions and answer them in the blanks provided.

OBJECTIVE 1

Indicate the actions you should take to ensure client safety in the following situations:

A. One evening you are taking care of Lloyd Kramer, a seventeen-year-old retarded boy. You have just finished taking a phone message for his mother when you discover Lloyd has accidentally knocked a candle off the table and ignited some drapes. He does not seem to be hurt. What action should you take?

____

____

____

____

B. You are providing respite care for Mrs. Smith, who is eighty years old and quite feeble. All day the weather has looked stormy, but nothing has happened so far. Around 5:30 P.M. you notice that the clouds are very dark. You turn on the television and discover that there is a tornado warning in effect for your town. Mrs. Smith has no basement or cellar. What action should you take?

____

____

____

____

OBJECTIVE 3

Choose the correct fire extinguishers for the following types of fires. Write the letter of the correct type of extinguisher in each blank.

_____ 1. Burning pan of grease

_____ 2. Burning sofa

_____ 3. Smoking radio

_____ 4. Burning plastic waste can

_____ 5. Burning pile of rags

Type A
Type B
Type C
Type D

OBJECTIVE 5

You have just arrived at the Woods' house to care for little Danny. His mother had started cooking lunch for him, but she had to leave a little early. You go into the kitchen and see that the pot handles are facing toward the edge of the stove, a puddle of something slippery is forming in front of the refrigerator, and four sharp knives are sitting on the table.

Do you need to do anything? If so, what?

(Continue with Part II)

Name____

PART II

The performance part of this test consists of the emergency procedures that a respite care provider must be able to perform and the certification for first aid and CPR. If you have not satisfactorily performed all the procedures, check with your instructor.

	Procedure	**Date completed**
OBJECTIVE 2	Move a client to safety	____________
OBJECTIVE 4	Use a fire extinguisher	____________
OBJECTIVE 6	Receive Red Cross certification for first aid	____________
OBJECTIVE 7	Receive Red Cross certification for cardiopulmonary resuscitation (CPR) for adult, child, and infant levels	____________

ANSWERS TO TEST

BASIC RESPITE CARE
PERFORM EMERGENCY SKILLS

OBJECTIVE 1

Suggested answers

a. Put out fire with Class A fire extinguisher and reassure Lloyd

b. Remain calm but prepare an inside closet or hallway away from windows; place a chair for Mrs. Smith; pillows, blankets, or a mattress; a flashlight, and a portable radio in the closet or hallway

OBJECTIVE 2

See Evaluation Form 1.

OBJECTIVE 3

1. B
2. A
3. C
4. A
5. A

OBJECTIVE 4

See Evaluation Form 2.

OBJECTIVE 5

a. Turn the pot handles away from edge of the stove

b. Clean up the spill in the refrigerator and on the floor (put a sponge or rag on the floor to soak up the puddle if the leak continues and the source is unknown)

c. Put the knives in a drawer or other safe storage area

OBJECTIVE 6

Valid Red Cross first aid certificate required.

OBJECTIVE 7

Valid Red Cross CPR certificate required.

EVALUATION FORM 1	BASIC RESPITE CARE PERFORM EMERGENCY SKILLS

Name____

OBJECTIVE 2

Move a client to safety

Did the student:	Yes	No
1. Lift client to a sitting position?		
2. Place client's legs over the side of bed?		
3. Grasp client from behind, under the arms?		
4. Lock his or her fingers?		
5. Slide client from bed?		
6. Lower client to the floor?		
7. Drag client from the room?		
8. Use proper body mechanics?		

The student has satisfactorily completed the procedure "Move a Client to Safety" according to the steps outlined.

________________ ____

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 2	**BASIC RESPITE CARE PERFORM EMERGENCY SKILLS**

Name______________________________

OBJECTIVE 4	**Use a fire extinguisher**
EQUIPMENT	Fire extinguisher

Did the student:	Yes	No
1. Pull the pin from the extinguisher?	☐	☐
2. Break the inspection band?	☐	☐
3. Point the nozzle toward the fire?	☐	☐
4. Press the release handle?	☐	☐
5. Sweep the nozzle at the base of the fire?	☐	☐
6. Probe for smoldering hot spots?	☐	☐
7. Use proper body mechanics?	☐	☐

The student has satisfactorily completed the procedure "Use a Fire Extinguisher" according to the steps outlined.

____________ (Date)

______________________ (Evaluator's Signature)

______________________ (Evaluator's Position)

OBJECTIVE SHEET

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

INTRODUCTION

Respite care providers will be required to help move clients often. A client may need to be moved or turned in bed, transferred from the bed to a chair, or assisted to the bathroom for personal care. During these activities you will need to use your body correctly to protect yourself from injury and to protect the safety of your client.

UNIT OBJECTIVE

After completing this unit, you should be able to demonstrate the correct use of body mechanics to move or lift a client safely and to assist a client in day-to-day movement around the home.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Demonstrate proper body mechanics while moving or lifting a client.
2. Position a client in the supine position.
3. Position a client in the lateral position.
4. Position a client in the prone position.
5. Position a client in Sims' position.
6. Position a client in Fowler's position.
7. Assist a client to dangle.
8. Assist a client from the bedside to wheelchair.
9. Assist a client to the floor.
10. Assist a client on the stairs.
11. Assist a client to walk.
12. Assist a client to use a walker.
13. Assist a client to use a cane.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements
    - Supplement 1 — Pretest
    - Supplement 2 — Answers to Pretest
    - Supplement 3 — Individualized Study Guide
- Transparency Master 1 — Contractures Due to Faulty Bed Position
- Information sheet
- Student Supplement 1 — General Guidelines for Positioning/Moving a Client
- Procedure sheets
    - Procedure Sheet 1 — Demonstrate Proper Body Mechanics while Lifting or Moving a Client
    - Procedure Sheet 2 — Position a Client in the Supine Position
    - Procedure Sheet 3 — Position a Client in the Lateral Position
    - Procedure Sheet 4 — Position a Client in the Prone Position
    - Procedure Sheet 5 — Position a Client in the Sims' Position
    - Procedure Sheet 6 — Position a Client in the Fowler's Position
    - Procedure Sheet 7 — Assist a Client to Dangle
    - Procedure Sheet 8 — Assist a Client from Bed to Wheelchair
    - Procedure Sheet 9 — Assist a Client to the Floor

Procedure Sheet 10 — Assist a Client on the Stairs

Procedure Sheet 11 — Assist a Client to Walk

Procedure Sheet 12 — Assist a Client to Walk with a Walker

Procedure Sheet 13 — Assist a Client to Walk with a Cane

- Test
- Answers to test
- Evaluation forms

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation.
  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
  3. Arrange for field trip to nursing-type facility to view procedures.

- **Obtain materials needed to supplement unit.**

  1. Videos

     a. *Positioning for Infants and Young Children with Motor Problems.* 1/2" VHS, color, 30 minutes, 1987. University of Colorado Health Sciences Center, School of Nursing.

     Video and accompanying user's manual stress the importance of proper positioning; define hypertonic and hypotonic muscle conditions; point out safety measures; and show proper positioning for everyday activities such as dressing, diapering, feeding, play, and sleeping.

NOTE: This video is available to Oklahoma teachers on a free-loan basis. They may order from the Curriculum and Instructional Materials Center, Media Resource Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

Out-of-state teachers may order from the distributor, Learner Managed Designs, Inc., 2201 K West 25th Street, Lawrence, KS 66046.

b. *Moving and Turning the Patient.* 1/2" VHS, color, 7 minutes. Available from Medcom/Trainex, P.O. Box 116, Garden Grove, CA 92642 (toll-free telephone 1-800-854-2485).

Video shows a woman helping an older man sit up in bed, lie back down, move up and down in bed, turn on side. Video makes several points: encourage patient to help himself; tell patient how you are going to reposition him; push, pull, slide, or roll patient instead of lifting him.

2. Posters on correct body mechanics

3. Transparency and competency profiles

NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.

2. Plan presentations to take advantage of student learning styles.

3. Provide students with objective sheet and individualized study guides.

4. Pretest qualifying students: administer written test and interview students to assess student competencies.

5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

    c. Indicate on the study guide, reading and study assignments. Include media.

    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Introduce unit by discussing the unit introduction on objective sheet.

3. Discuss unit objective.

4. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

5. Discuss information sheet.

   - Show video *Moving and Turning the Patient.*

   - Discuss the importance of using proper body mechanics to protect yourself while moving and positioning a client.

   - Point out that one item on most of the procedure evaluations concerns the use of proper body mechanics.

   - Discuss Student Supplement 1 on basic guidelines for assisting clients.

   - Show video *Positioning for Infants and Young Children with Motor Problems.*

   - Show Transparency 1, "Contractures Due to Faulty Bed Position." Discuss contractures.

6. Discuss and demonstrate each procedure.

   - Go over procedures in class; then have students practice performing them with each other.

   - Take a field trip to a nursing home to watch these procedures.

7. Give test.

8. Reteach and retest as required.

9. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

Covell, Mara Brand. *The Home Alternative to Hospitals and Nursing Homes*. Canada: McClelland and Stewart Ltd., 1983.

Parker, Page, and Lois N. Dietz. *Nursing at Home*. New York: Crown Publishers, Inc., 1980.

SUPPLEMENT 1	**Pretest**
OBJECTIVE 1	Demonstrate proper body mechanics while lifting or moving a client.
OBJECTIVE 2	Position a client in the supine position.
OBJECTIVE 3	Position a client in the lateral position.
OBJECTIVE 4	Position a client in the prone position.
OBJECTIVE 5	Position a client in the Sims' position.
OBJECTIVE 6	Position a client in the Fowler's position.
OBJECTIVE 7	Assist a client to dangle.
OBJECTIVE 8	Assist a client from bed to wheelchair.
OBJECTIVE 9	Assist a client to the floor.
OBJECTIVE 10	Assist a client on stairs.
OBJECTIVE 11	Assist a client to walk.
OBJECTIVE 12	Assist a client to walk with a walker.
OBJECTIVE 13	Assist a client to walk with a cane.

SUPPLEMENT 2

Answers to Pretest

USE EVALUATION CHECK LISTS PROVIDED

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about moving and positioning a client. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req.	Comp.	
_____	_____	**Read** Objective Sheet.
_____	_____	**Complete** pretest.
_____	_____	**Discuss** pretest results and requirements with your instructor.

NOTE: To check competency for this unit, the test will be a series of procedures and evaluation sheets. You must be able to perform each of the procedures to master this unit.

OBJECTIVE 1

Req.	Comp.	
_____	_____	**Read** Information Sheet.
_____	_____	**Watch** demonstration of Procedure Sheet 1, "Demonstrate Proper Body Mechanics while Lifting or Moving a Client."
_____	_____	**Practice** Procedure Sheet 1.

OBJECTIVE 2

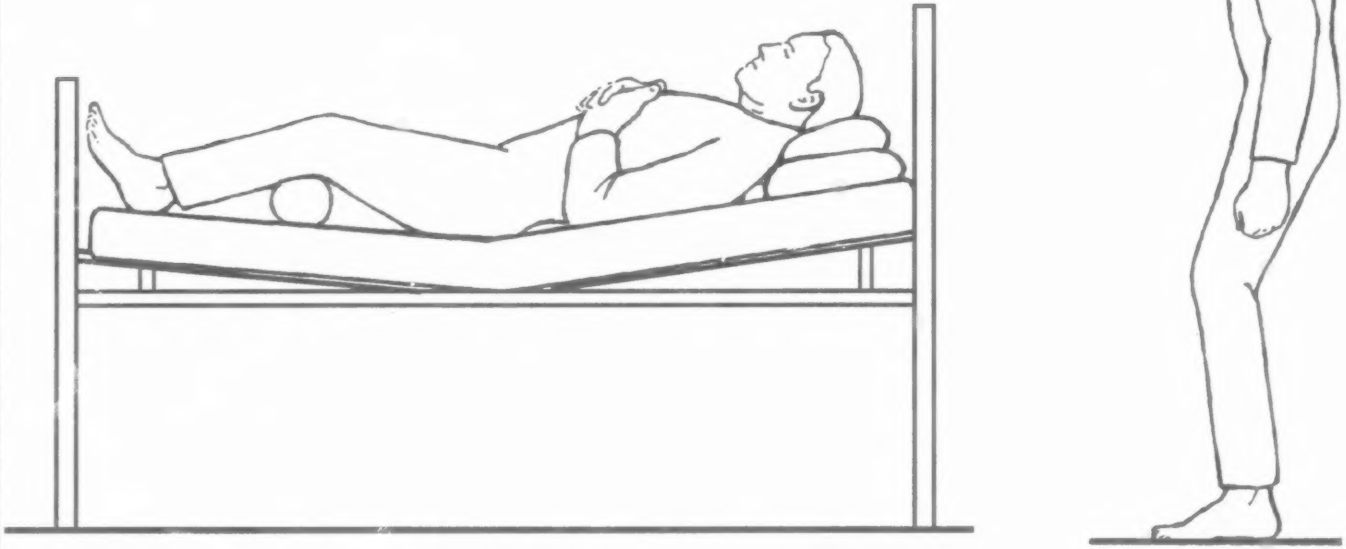
Req.	Comp.	
_____	_____	**Watch** demonstration of Procedure Sheet 2, "Position a Client in the Supine Position."
_____	_____	**Practice** Procedure Sheet 2.

	Req.	Comp.	
OBJECTIVE 3	_____	_____	**Watch** demonstration of Procedure Sheet 3, "Position a Client in a Lateral Position."
	_____	_____	**Practice** Procedure Sheet 3.
OBJECTIVE 4	_____	_____	**Watch** demonstration of Procedure Sheet 4, "Position a Client in the Prone Position."
	_____	_____	**Practice** Procedure Sheet 4.
OBJECTIVE 5	_____	_____	**Watch** demonstration of Procedure Sheet 5, "Position a Client in the Sims' Position."
	_____	_____	**Practice** Procedure Sheet 5.
OBJECTIVE 6	_____	_____	**Watch** demonstration of Procedure Sheet 6, "Position a Client in the Fowler's Position."
	_____	_____	**Practice** Procedure Sheet 6.
OBJECTIVE 7	_____	_____	**Watch** demonstration of Procedure Sheet 7, "Assist a Client to Dangle."
	_____	_____	**Practice** Procedure Sheet 7.
OBJECTIVE 8	_____	_____	**Watch** demonstration of Procedure Sheet 8, "Assist a Client from Bed to Wheelchair."
	_____	_____	**Practice** Procedure Sheet 8.
OBJECTIVE 9	_____	_____	**Watch** demonstration of Procedure Sheet 9, "Assist a Client to the Floor."
	_____	_____	**Practice** Procedure Sheet 9.

	Req.	Comp.	
OBJECTIVE 10	____	____	**Watch** demonstration of Procedure Sheet 10, "Assist a Client on Stairs."
	____	____	**Practice** Procedure Sheet 10.
OBJECTIVE 11	____	____	**Watch** demonstration of Procedure Sheet 11, "Assist a Client to Walk."
	____	____	**Practice** Procedure Sheet 11.
OBJECTIVE 12	____	____	**Watch** demonstration of Procedure Sheet 12, "Assist a Client to Walk with a Walker."
	____	____	**Practice** Procedure Sheet 12.
OBJECTIVE 13	____	____	**Watch** demonstration of Procedure Sheet 13, "Assist a Client to Walk with a Cane."
	____	____	**Practice** Procedure Sheet 13.
UNIT REVIEW	____	____	**Review** unit and assignments.
	____	____	**Complete** unit test.
	____	____	**Discuss** the test results with your instructor.
	____	____	**Complete** additional study requirements listed below. ____________________ ____________________ ____________________
	____	____	**Proceed** to next study assignment: ____________________

Contractures Due to Faulty Bed Position

Poor Positioning During Prolonged Bedrest
May Lead to Deformed Posture



INFORMATION SHEET

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 1

Demonstrate proper body mechanics while lifting or moving a client

INTRODUCTION

Body mechanics is the science of lifting, pushing, pulling, or pressing with the correct muscles in your arms, legs, and back to avoid injury or strain. A basic knowledge of the correct body position to use when lifting or moving a client will keep you from injuring yourself.

Avoid lifting whenever possible. Instead of lifting a client, push, pull, roll, pivot, or slide the client.

CAUTION
Never lift a client or object that is too heavy for you.

GUIDELINES FOR LIFTING

- Stand erect with knees slightly bent
- Keep feet flat on floor
- Place one foot slightly ahead of the other to brace yourself
- Block the client's knees with your leg or knee to prevent him or her from sliding
- Stand as close to the client as possible to avoid stressing your back
- Put the majority of weight on leg muscles, NOT back muscles
- Bend at the hips and knees as you lift
- Do not arch your back

SUPPLEMENT 1

General Guidelines for Positioning/Moving a Client

INTRODUCTION

Bedridden or immobile clients are prone to bedsores (decubitus ulcers) on body parts compressed by continual sitting, lying, or even persistent rubbing from clothes or bedding. Movement, along with proper hygiene, helps prevent bedsores.

Completely bedridden clients should not remain in the same position for more than two hours. There are positions other than the ones mentioned in this unit which may be included in the physician's orders for use in specific treatments. When positioning a fragile client or one who is difficult to move, schedule a position plan to eliminate excess movement.

EXAMPLE:	8:00 A.M.	Supine position
	10:00 A.M.	Lateral position
	Noon	Prone position
	2:00 P.M.	Sims' position
	4:00 P.M.	Fowler's position

GUIDELINES

In this example, you would need to turn the client only one quarter of a turn at each position change.

The following guidelines will help make moving and positioning clients safer and easier:

- Work from the client's weakest side (if he or she is weaker on one side) to provide support if needed
- Explain to the client what you are about to do
- Ask the client to help as much as his or her condition allows
- Pay attention to what the client says is or is not comfortable when placing pillows or positioning a client

  NOTE: Always check the physician's order before deviating from standard procedures.

- Never force a client into an uncomfortable position; stop immediately if you cause pain

- Avoid abrupt movements

- Hold onto the client's own belt or a safety belt whenever needed to provide support while client walks

  NOTE: If client faints, you already have contact and can ease client to the floor.

- Avoid lifting whenever possible; push, pull, roll, pivot, or slide client instead of lifting

- Push a wheelchair with constant force to make the ride as smooth as possible

- Push a wheelchair with client facing the direction of movement except when maneuvering through a confined area or going up or down steps

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PROCEDURE SHEET 1	BASIC RESPITE CARE MOVE AND POSITION A CLIENT

OBJECTIVE 1

Demonstrate proper body mechanics while lifting or moving a client

PROCEDURE

1. Stand erect with knees slightly bent
2. Separate feet, keeping feet flat on floor
3. Place one foot slightly ahead of the other to brace yourself
4. Block the client's knees with your leg or knee to prevent him or her from sliding
5. Stand as close to the client as possible to avoid stressing your back
6. Put the majority of weight on leg muscles, NOT back muscles
7. Bend at the hips and knees as you lift

   CAUTION

   Do not arch your back.

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PROCEDURE SHEET 2

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 2

Position a client in a supine position

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

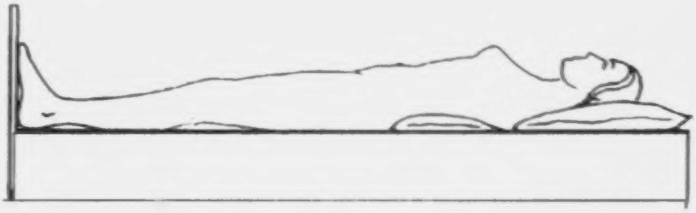
MATERIALS AND EQUIPMENT

- Pillows as needed
- Footrest or footboard

PROCEDURE

1. Roll the client onto his or her back
2. While gripping the client under armpits, raise client to place pillows
3. Place a small pillow or folded towel under lower back curvature
4. Place a pillow under the client's shoulders and head

CAUTION
Do not use support under knees because blood may pool.



5. Support covers over feet with footrest to prevent binding
6. Rearrange any tubing (catheter, colostomy, etc.)
7. Arrange client's clothing and covers for comfort, warmth, and modesty

PROCEDURE SHEET 3

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 3

Position a client in a lateral position

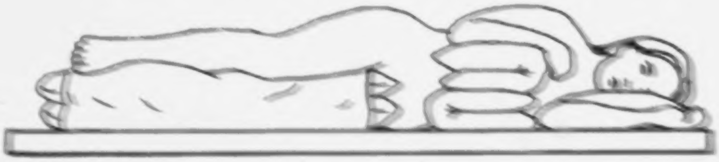
Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Pillows, sandbags, or other support material as needed

PROCEDURE

1. Move the client to the center of the bed
2. Turn client on his or her side (right or left)
3. Place sandbags behind client to keep him or her from rolling onto his or her back
4. Place a small pillow under client's head
5. Flex lower arm at a right angle toward the head
6. Place a folded pillow or two under upper arm for support
7. Flex upper leg slightly
8. Place firm pillow lengthwise under upper leg for support



9. Check client's body alignment—back should be perpendicular to bed, not leaning forward as in Sims' position
10. Rearrange any tubing (catheter, colostomy, etc.)
11. Arrange client's clothing and covers for comfort, warmth, and modesty

PROCEDURE SHEET 4

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 4

Position a client in the prone position

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

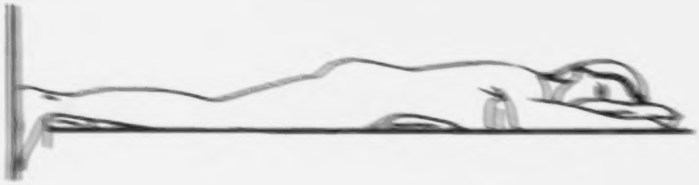
MATERIALS AND EQUIPMENT

- Pillows as needed
- Extra linens

PROCEDURE

1. Move the client to one side of the bed
2. Turn the client onto his or her side, facing center of bed
3. Place a small pillow under lower abdomen on male client or below breasts on female client
4. Turn the client onto his or her abdomen
5. Place small pillow under client's head if desired
6. Position client's arms so that one arm is parallel to body with elbow flexed slightly and the other arm is flexed toward the head
7. Place pillow under ankles to keep weight off toes

   NOTE: You may position client so that feet hang off edge of mattress. If so, place a folded towel under ankles to relieve strain.



8. Rearrange any tubing (catheter, colostomy, etc.)
9. Arrange client's clothing and covers for comfort, warmth, and modesty

PROCEDURE SHEET 5	BASIC RESPITE CARE MOVE AND POSITION A CLIENT

OBJECTIVE 5

Position a client in the Sims' position

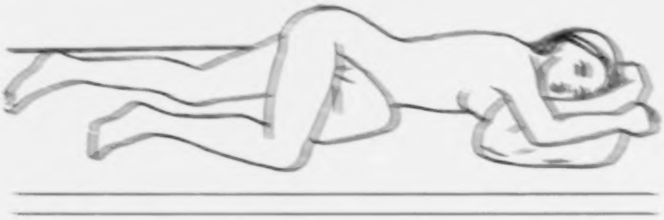
Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Pillows as needed
- Extra linens, sandbags, or other support material

PROCEDURE

1. Move client to one side of the bed
2. Turn client onto one side, facing the center of the bed
3. Lower client onto abdomen
4. Place a small pillow under head
5. Align the body so that the head, neck, and lower shoulder are in a straight line
6. Flex the lower leg and arm slightly
7. Place a pillow under the upper arm for support
8. Place large pillow lengthwise under upper leg for support



9. Rearrange any tubing (catheter, colostomy, etc.)
10. Arrange client's clothing and covers for comfort, warmth, and modesty

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OBJECTIVE 6

Position a client in the Fowler's position

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Hospital bed, or a regular bed and at least five large pillows
- Sandbags or other support material as needed
- Towel or small pillow
- Footrest

PROCEDURE

For a client in a normal bed

1. Position client in the supine position
2. Grip the client under the armpits, and raise client to a sitting position
3. Stack pillows behind the client
4. Ease the client onto pillows, into a semi-upright position
5. Place a small pillow under curvature of the neck
6. Elevate the knees slightly with small pillow or folded towel
7. Place a footrest at the client's feet to prevent the bedding from binding them
8. Place sandbags along sides of body for support if necessary
9. Rearrange any tubing (catheter, colostomy, etc.)
10. Arrange client's clothing and covers for comfort, warmth, and modesty

PROCEDURE

For a client in a hospital bed

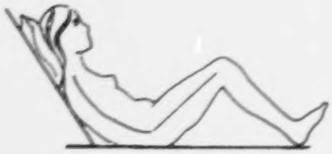
1. Position client in the supine position

2. Check to make sure that the client's hips are at the bend of the mattress

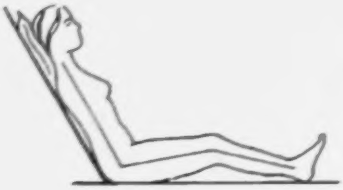
3. Elevate head of bed 15° to 60°

4. Place a small pillow under the curvature of the neck

Incorrect



Correct



5. Elevate client's knees slightly to maintain flex

6. Place a footrest at the client's feet to prevent bedding from binding them

7. Place sandbags along sides of body for support if necessary

8. Rearrange any tubing (catheter, colostomy, etc.)

9. Arrange client's clothing and covers for comfort, warmth, or modesty

PROCEDURE SHEET 7
BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 7

Assist a client to dangle

INTRODUCTION

Dangling is often the first getting-up activity for a client who has been bedridden. It is also an important daily step for clients who become weak or fatigued if they rise too quickly.

To **dangle**, a client sits on the side of the bed with his or her legs and feet hanging freely over the side. After a client has dangled for a few minutes (length of time depends on client's condition) and feels stable, you may assist him or her to a chair or wheelchair, or to walk.

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

PROCEDURE

1. Move client to the side of the bed
2. If using a hospital bed, lower bed and then elevate head of bed
3. Place your hands below the client's armpits; have the client place his or her hands on your shoulders
4. Raise client to sitting position
5. Move one hand to client's opposite knee and pivot client around to edge of bed

   NOTE: If client is fragile, check pulse at this point; if it is irregular, return client to supine position immediately.

6. Watch client closely for signs of weakness or dizziness—do not leave client unattended

   CAUTION

   If client experiences dizziness or fatigue, return client to supine position immediately.

7. Rearrange any tubing (catheter, colostomy, etc.)
8. Arrange client's clothing and covers for comfort, warmth, and modesty

PROCEDURE SHEET 8 — BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 8

Assist a client from bed to wheelchair

INTRODUCTION

After the client has dangled and feels stable, you may assist him or her to a chair or wheelchair. You may also use this procedure to assist a client from one chair to another or from a wheelchair into a car.

Be familiar with the wheelchair or other orthopedic equipment you are working with.

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

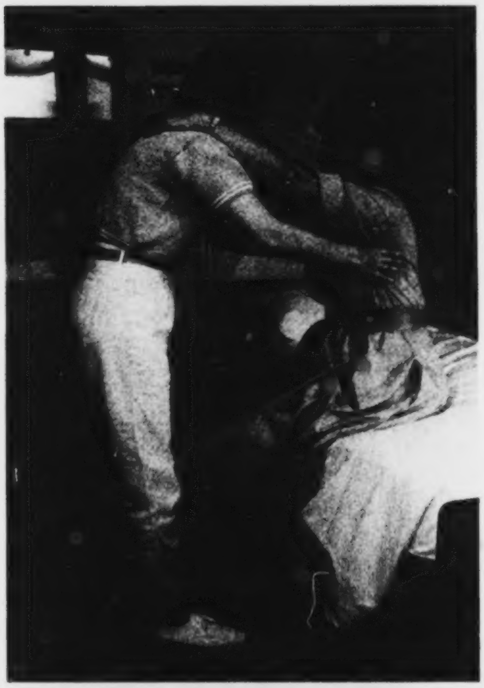
MATERIALS AND EQUIPMENT

- Wheelchair
- Pillow or other body supports if needed

PROCEDURE

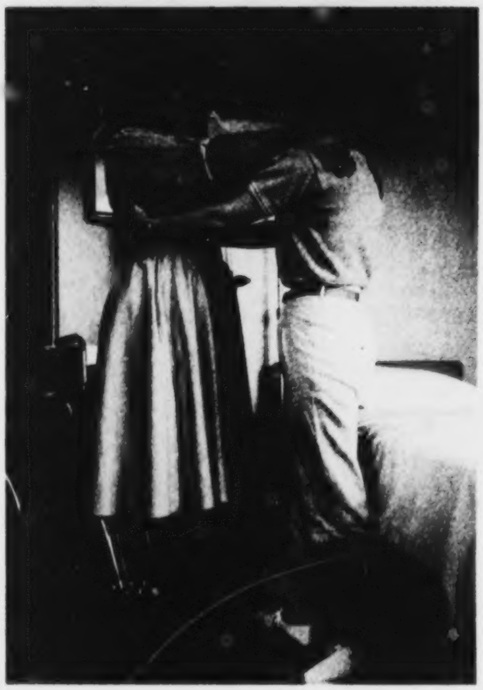
1. Place wheelchair alongside the bed, facing the foot of the bed
2. Prepare the wheelchair
   a. Lock wheels or have someone hold wheelchair steady
   b. Fold back footrests
   c. Place pillow in seat if desired
3. Stand in front of client with one foot slightly ahead of the other
4. Place your hands below the client's armpits (See photograph on next page)

5.



Have client place his or her hands on your shoulders

6.



Support and pivot client so that client's back is toward wheelchair

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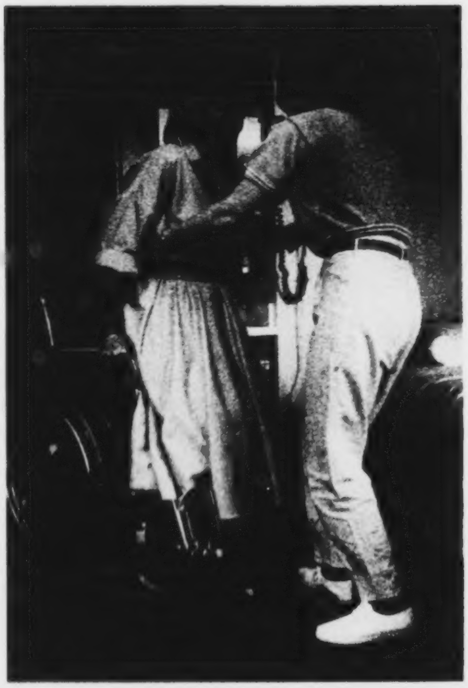
7. 

Bend your knees as you ease client into wheelchair

NOTE: If you are assisting a client into a car, put your hand on the client's head to be sure it clears the car roof as he or she eases into the seat.

8. Secure client in wheelchair

   a. Apply chest support if necessary

   b. Put client's feet on footrests

9. Rearrange any tubing (catheter, colostomy, etc.)

10. Arrange client's clothing for comfort, warmth, and modesty

NOTE: If you are assisting client into a car, be sure any tubing and/or clothing is clear of the door before it is closed.

OBJECTIVE 9

Assist a client to the floor

INTRODUCTION

A client may need to be assisted to the floor for a variety of reasons, including therapy and some recreational activities. In most instances, you will need to position the client in the center of the floor away from the bed and other obstacles—possibly in another room.

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Wheelchair if needed
- Walking equipment if needed

PROCEDURE

From beside client

1. Assist the client to move to the area where he or she will be on the floor

2. Make sure area where client will lie is clear

3. Stand facing the client's weaker side

4. Have client put feet together if possible

5. Separate your feet by about 12 inches, and bend your knees slightly to brace yourself

6. Have client put an arm around your waist for support

7. Place one arm behind the client's shoulders and the other around his or her waist

8. Slowly ease client back to floor

PROCEDURE

From behind client

1. Assist the client to move to the area where he or she will be on the floor
2. Make sure area where client will lie is clear
3. Stand behind the client
4. Have client put feet together if possible
5. Separate your feet (about 12 inches) and bend your knees slightly to brace yourself
6. Grip client under armpits
7. Slowly ease client back to floor

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PROCEDURE SHEET 10

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 10

Assist a client on the stairs

INTRODUCTION

How you assist a client on the stairs depends largely on the client's condition. All that is needed may be for you to walk up or down stairs just one step lower than the client so that you could break the client's fall if needed. You may, however, need to support the client by standing on the same step with your arm around the client's waist while the client holds onto a handrail.

Whatever position you assume next to the client, make sure that the stairs are not an obstacle course. Do not rush the client; let the client set the pace.

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

PROCEDURE

1. Clear stairs of obstacles
2. Check stability of handrail

   NOTE: If there is no handrail or if it is loose, client can place one hand on your shoulder or around your waist for more support.

3. Stand on client's weaker side, or stand one stair lower than client
4. Provide support for client as needed:
   a. Have client hold onto handrail
   b. Put one arm around client's waist
   c. Have client put one arm around your waist or on your shoulder
5. Take one stair at a time, pausing if needed

   NOTE: Be patient; do not rush the client.

PROCEDURE SHEET 11

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 11

Assist a client to walk

INTRODUCTION AND GUIDELINES

Encourage clients who can walk to do so because it gives them exercise as well as freedom and independence. Most clients who use walkers, canes, crutches, or leg braces can walk without much assistance, but those who are fragile or who suffer from degenerative diseases may need constant assistance and supervision. Always demonstrate the use of equipment if it is new to the client.

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Safety belt if needed
- Client's socks/shoes

PROCEDURE

1. Assist client to dangle
2. Assist client with socks/shoes
3. Place your hands under the client's armpits and have client put his or her hands on your shoulders
4. Assist client to stand
5. Stand on client's weakest side
6. Support client as little or as much as needed (put your arm around his or her waist or let client hold onto your arm)

   CAUTION
   Do not let go of client. Always maintain contact so that you can prevent client from falling.

7. Walk slowly
8. Watch closely for signs of weakness or fatigue; do not leave client unattended

   NOTE: If client faints, ease client to supine position on floor.

PROCEDURE SHEET 12 — BASIC RESPITE CARE MOVE AND POSITION A CLIENT

OBJECTIVE 12

Assist a client to walk with a walker

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Walker
- Safety belt if needed
- Client's socks/shoes

PROCEDURE

1. Check rubber tips of walker
2. Position walker at bedside
3. Assist client to dangle
4. Assist client with socks/shoes
5. Place your hands under client's armpits and have client place his or her hands on your shoulders
6. Assist client to stand
7. Position walker around client: client should be able to grasp handle bars with elbows slightly flexed, and handle bars should be just below the client's waist
8. Stand on client's weaker side

   CAUTION
   Do not let go of client. Always maintain contact so that you can prevent the client from falling.

9. Help client as needed to move walker ahead a few inches at a time
10. Watch carefully for signs of weakness or fatigue; do not leave client unattended

    NOTE: If client faints, ease client to supine position on floor.

PROCEDURE SHEET 13

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

OBJECTIVE 13

Assist a client to walk with a cane

Before attempting this procedure, read "General Guidelines for Positioning/Moving a Client" in Student Supplement 1.

MATERIALS AND EQUIPMENT

- Cane
- Client's socks/shoes

PROCEDURE

1. Check rubber tip of cane
2. Position cane at bedside
3. Assist client to dangle
4. Assist client with shoes/socks
5. Place your hands under client's armpits and have client place his or her hands on your shoulders
6. Help client stand up
7. Position cane in client's hand opposite the weaker leg
8. Stand on client's weaker side
9. Have client keep cane close to body while walking
10. Maintain contact while client walks
11. Watch carefully for signs of weakness or fatigue; do not leave client unattended

CAUTION
Do not let go of client. Always maintain contact so that you can prevent client from falling if client faints. If client faints, ease him or her to the floor.

TEST

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name________________________________Score___________

DIRECTIONS

This test consists of various procedures to move and position a client. Your instructor will give you the specific situations for demonstrating your skills in these procedures.

	Procedure completed	**Date**
OBJECTIVE 1	Demonstrate proper body mechanics while lifting or moving a client	________
OBJECTIVE 2	Position a client in the supine position	________
OBJECTIVE 3	Position a client in the lateral position	________
OBJECTIVE 4	Position a client in the prone position	________
OBJECTIVE 5	Position a client in the Sims' position	________
OBJECTIVE 6	Position a client in the Fowler's position	________
OBJECTIVE 7	Assist a client to dangle	________
OBJECTIVE 8	Assist a client from bed to wheelchair	________
OBJECTIVE 9	Assist a client to the floor	________
OBJECTIVE 10	Assist a client on stairs	________
OBJECTIVE 11	Assist a client to walk	________
OBJECTIVE 12	Assist a client to walk with a walker	________
OBJECTIVE 13	Assist a client to walk with a cane	________

ANSWERS TO TEST	BASIC RESPITE CARE MOVE AND POSITION A CLIENT
OBJECTIVES 1-13	Performance skills evaluated to the satisfaction of the instructor

EVALUATION FORM 1

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Demonstrate proper body mechanics while lifting or moving a client**

EQUIPMENT None

Did the student:	Yes	No
1. Stand erect with knees bent		
2. Separate feet, keeping feet flat on the floor		
3. Place one foot slightly ahead of the other		
4. Block client's knees		
5. Stand close to client		
6. Use leg muscles		
7. Bend at the hips		

The student has satisfactorily completed the procedure "Demonstrate Proper Body Mechanics while Lifting or Moving a Client" according to the steps outlined.

__________ ____________________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 2

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Position a client in the supine position**

EQUIPMENT

- Footrest or footboard
- Pillows as needed

Did the student:

	Yes	No
1. Roll client on back		
2. Raise client to place pillows		
3. Place pillow under lower back		
4. Place pillow under head and shoulders		
5. Support covers over feet		
6. Rearrange tubings		
7. Arrange clothing		
8. Use proper body mechanics		

The student has satisfactorily completed the procedure "Position a Client in the Supine Position" according to the steps outlined.

__________ ______________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

EVALUATION FORM 3

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Position a client in the lateral position**

EQUIPMENT Pillows, sandbags, or other support material as needed

Did the student:	Yes	No
1. Move client to center of bed	☐	☐
2. Turn client onto side	☐	☐
3. Place sandbags if needed	☐	☐
4. Place pillow under head	☐	☐
5. Flex client's lower arm	☐	☐
6. Place support under upper arm	☐	☐
7. Flex upper leg slightly	☐	☐
8. Place support under upper leg	☐	☐
9. Check client's body alignment	☐	☐
10. Rearrange tubings	☐	☐
11. Arrange clothing	☐	☐
12. Use proper body mechanics	☐	☐

The student has satisfactorily completed the procedure "Position a Client in the Lateral Position" according to the steps outlined.

__________ ______________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

EVALUATION FORM 4

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Position a client in the prone position**

EQUIPMENT

- Pillows as needed
- Extra linens

Did the student:	Yes	No
1. Move client to side of bed		
2. Turn client to face center of bed		
3. Place pillow under abdomen/below breasts		
4. Turn client onto abdomen		
5. Place pillow under head		
6. Position and flex arms		
7. Place pillow under ankles		
8. Rearrange tubings		
9. Arrange clothing		
10. Use proper body mechanics		

The student has satisfactorily completed the procedure "Position a Client in the Prone Position" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 5

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name______________________________

PROCEDURE **Position a client in the Sims' position**

EQUIPMENT

- Pillows as needed
- Extra linens, sandbags, or other support material

Did the student:	Yes	No
1. Move client to side of bed		
2. Turn client to face center of bed		
3. Lower client onto abdomen		
4. Place pillow under head		
5. Align body in straight line		
6. Flex lower leg and arm		
7. Place support under upper arm		
8. Place support under upper leg		
9. Rearrange tubings		
10. Arrange clothing		
11. Use proper body mechanics		

The student has satisfactorily completed the procedure "Position a Client in the Sims' Position" according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

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EVALUATION FORM 6

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Position a client in Fowler's position (in a regular bed)**

EQUIPMENT

- Hospital bed, or at least five large pillows
- Sandbags or other support material as needed
- Towel or small pillow
- Footrest

Did the student:	Yes	No
1. Position client in supine position		
2. Raise client to sitting position		
3. Stack pillows behind client		
4. Ease client back onto pillows		
5. Place pillow under neck		
6. Elevate knees slightly		
7. Support covers over feet		
8. Place body supports if needed		
9. Rearrange tubings		
10. Arrange clothing		
11. Use proper body mechanics		

The student has satisfactorily completed the procedure "Position a Client in Fowler's Position" (in a regular bed) according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 7

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Position a client in Fowler's position (in hospital bed)**

EQUIPMENT

- Hospital bed, or at least five large pillows
- Sandbags or other support material as needed
- Towel or small pillow
- Footrest

Did the student:	Yes	No
1. Position client in supine position		
2. Check client's hip location at bend of bed		
3. Elevate bed 15° to 60°		
4. Place pillow under neck		
5. Elevate knees slightly		
6. Support covers over feet		
7. Place body supports if needed		
8. Rearrange tubings		
9. Arrange clothing		
10. Use proper body mechanics		

The student has satisfactorily completed the procedure "Position a Client in Fowler's Position" (in a hospital bed) according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

EVALUATION FORM 8	**BASIC RESPITE CARE** **MOVE AND POSITION A CLIENT**

Name____

PROCEDURE **Assist a client to dangle**

EQUIPMENT None

Did the student:	Yes	No
1. Move client to side of bed		
2. Elevate head of bed if possible		
3. Place your hands below client"s armpits		
4. Raise client to sitting position		
5. Pivot client to edge of bed		
6. Watch client closely		
7. Rearrange tubings		
8. Arrange clothing		
9. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to Dangle" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 9

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Assist a client from bed to wheelchair**

EQUIPMENT

- Wheelchair
- Pillow or other body supports if needed

Did the student:	Yes	No
1. Place wheelchair alongside bed		
2. Lock wheels of wheelchair		
3. Fold back footrests		
4. Place pillow in seat if needed		
5. Brace feet properly		
6. Grip client correctly		
7. Support and pivot client		
8. Bend knees while easing client into chair		
9. Apply chest support if needed		
10. Put client's feet on footrests		
11. Rearrange tubings		
12. Arrange clothing		
13. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client from Bed to Wheelchair" according to the steps outlined.

__________ ______________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

EVALUATION FORM 10

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Assist a client to the floor**

EQUIPMENT

- Wheelchair if needed
- Walking equipment if needed

Did the student:	Yes	No
1. Assist client to area		
2. Clear area on floor		
3. Stand on client's weaker side (or behind client)		
4. Have client put feet together if possible		
5. Separate your feet and bend knees		
6. Place arm around client's waist and shoulders (or grip client under armpits)		
7. Ease client to floor		
8. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to the Floor" according to the steps outlined.

__________ ______________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

EVALUATION FORM 11 | **BASIC RESPITE CARE**
MOVE AND POSITION A CLIENT

Name____

PROCEDURE

Assist a client on the stairs

Did the student:	Yes	No
1. Clear stairs of obstacles		
2. Check stability of handrail		
3. Stand on client's weaker side, or stand one stair lower than client		
4. Provide support for client as needed		
5. Take one stair at a time, pausing if needed		
6. Exhibit patience		
7. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client on the Stairs" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 12

BASIC RESPITE CARE
MOVE AND POSITION A CLIENT

Name____

PROCEDURE **Assist a client to walk**

EQUIPMENT

- Safety belt if needed
- Client's socks/shoes

Did the student:	Yes	No
1. Assist client to dangle		
2. Assist client with socks/shoes		
3. Support client		
4. Assist client to stand		
5. Stand on client's weakest side		
6. Maintain contact with client		
7. Walk slowly		
8. Watch the client closely		
9. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to Walk" according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

EVALUATION FORM 13	**BASIC RESPITE CARE MOVE AND POSITION A CLIENT**

Name____

PROCEDURE **Assist a client to walk with a walker**

EQUIPMENT

- Walker
- Safety belt if needed
- Client's socks/shoes

Did the student:	Yes	No
1. Check rubber tips of walker		
2. Position walker at bedside		
3. Assist client to dangle		
4. Assist client with socks/shoes		
5. Support client		
6. Assist client to stand		
7. Position walker around client		
8. Stand on client's weaker side		
9. Help client move walker as needed		
10. Watch the client closely		
11. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to Walk with a Walker" according to the steps outlined.

__________ ______________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

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EVALUATION FORM 14	**BASIC RESPITE CARE** **MOVE AND POSITION A CLIENT**

Name____

PROCEDURE **Assist a client to walk with a cane**

EQUIPMENT

- Cane
- Client's socks/shoes

Did the student:	Yes	No
1. Check rubber tip of cane		
2. Position cane at bedside		
3. Assist client to dangle		
4. Assist client with socks/shoes		
5. Support client		
6. Assist client to stand		
7. Position cane in client's hand opposite the weaker leg		
8. Stand on client's weaker side		
9. Have client keep cane close to body		
10. Maintain contact with client		
11. Watch the client closely		
12. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to Walk with a Cane" according to the steps outlined.

__________ ________________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

OBJECTIVE SHEET

BASIC RESPITE CARE
USE ADAPTIVE EQUIPMENT

INTRODUCTION

Orthopedic equipment and other adaptive devices are often an essential part of daily life for many respite clients. As a respite care provider, you should be aware of the use and care of common adaptive devices so you can assist clients who are actively involved in their own self-care, or to provide the best possible care for clients who are dependent on adaptive devices for a quality life.

UNIT OBJECTIVE

After completing this unit, you should be able to recognize the most common adaptive devices, know their uses, and know how to care for these devices.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Recognize the adaptive devices by correctly labeling each picture.
2. Explain the use of each adaptive device.
3. List guidelines for the basic care and maintenance of adaptive devices.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Activity Sheet 1 — Use Adaptive Devices
- Test
- Answers to test

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives need to be taught to which students.
  2. Determine the scope and sequence for objectives that you add. Design and develop support materials, including evaluation techniques for additional objectives.
  3. Make arrangements for sessions demonstrating the use of adaptive equipment.
  4. Invite someone who uses some adaptive devices to come to class to demonstrate their use and to discuss the benefits of using the devices.
  5. Make arrangements for students to visit a facility that uses many adaptive devices.

- **Obtain materials needed to supplement unit.**

  1. As many adaptive devices as you can get so that students can examine and use them
     - a. Dressing devices such as button hooks, dressing stick, long-handled shoehorn, sock guide, zipper pull, boot jack
     - b. Eating devices such as silverware with built-up handles, self-leveling spoon, silverware cuff, two-handled mug, non-spill mug, plate with a built-up rim
     - c. Bathroom devices such as raised seats that fit on toilets, grab bars, bath seat, sliding board, hand-held shower head, tub decals, long-handled brush
     - d. Grooming devices such as toothbrush with built-up handle, battery-operated toothbrush, nail brush with suction cups, hairbrush with cuff, stand-alone mirror, lipstick holder, inflatable basin for shampooing in bed
     - e. Communication devices such as alarm clock for the deaf, television sound amplifier, television screen enlarger, language board, telecommunication device for the deaf (TDD)
     - f. Mobility equipment such as crutches, walker, wheelchair
     - g. Bedroom devices such as a footboard, bed cradle, bed wedge, rope "ladder" for positioning in bed
  2. Equipment to simulate disabilities
     - a. Wheelchair
     - b. Crutches
     - c. Circumaural ear muffs or ear plugs to block out sound
     - d. Eye patches or blindfold
  3. Posters, brochures, and catalogs that illustrate various pieces of adaptive equipment

4. Books/magazines

   a. *Accent on Living,* a magazine with articles about disabled persons and information about adaptive devices and equipment

   b. *Accent on Living: Buyer's Guide 1988-1989.* Bloomington, Illinois: Cheever Publishing, Inc., 1987.

      NOTE: The *Buyer's Guide* contains photos and information about special products for disabled persons, organizations for and about disabled persons, special services such as travel and recreation in selected areas, and odd-shoe exchanges.

      The guide is a spinoff from Accent on Information, a national information service that features products, devices, and procedure-type information for disabled persons. For more information, write Accent on Information, P.O. Box 700, Bloomington, Illinois 61702 or call them at (309) 378-2961.

5. Competency profiles

   NOTE: Competency profiles for this manual are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.

2. Plan presentations to take advantage of student learning styles.

3. Provide students with objectives and individualized study guides.

4. Pretest qualifying students: administer written test and interview students to assess student competencies.

5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

    c. Indicate reading and study assignments on the study guide.

    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate students for competency in all objectives.

9. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

   - Display as many adaptive devices as possible.

   - Put up posters and brochures that show various types of adaptive devices.

   - Display catalogs from manufacturers of various types of adaptive devices.

3. Introduce unit.

   - Discuss unit introduction on the objective sheet.

   - Point out some adaptive devices such as eyeglasses, hearing aids, or therapeutic shoes commonly used by the general population.

4. Discuss unit objective and specific objectives.

5. Discuss the information sheet.

   a. Discuss Objective 1.

      - Discuss the difference between adaptive and therapeutic devices.

      - Point out that there are many types of adaptive devices and many different products within each type. For instance, discuss the variety of wheelchairs on the market.

      - Have each student select a category of equipment and find out special features of different varieties of that product. For example, one student could research features of different types of walkers; another student could research canes. Have students share their findings with each other.

      - Show ways to improvise adaptive devices. For instance, show how a plastic garbage bag, a plastic pail, and some rolled-up towels can become a shampoo basin for someone who cannot get out of bed.

- Brainstorm with the class about ways to improvise within each category of adaptive devices. Keep a list of ideas and ways to implement them; add to the list throughout the course. (Perhaps there is a patent somewhere in a student's future.)

- Challenge students to devise new ways to help their clients compensate for disabilities.

b. Discuss Objective 2.

- Demonstrate the use of each piece of equipment available.

- Take the students to a facility that uses many adaptive devices, and let students observe their use.

- Have students try out as many adaptive devices as possible so that they may appreciate the problems many of their clients face.

- Have students do Activity Sheet 1. Later discuss the students' experiences. Ask them what they thought was the most valuable part of the experiment for them.

c. Discuss Objective 3.

- Point out that the guidelines listed in Objective 3 are general. The respite care provider should check with the client's family and any owner's manuals available for specific information about caring for the client's devices and equipment.

- Play a modified version of "The Price is Right" to illustrate the high cost of adaptive equipment; use catalogs and price lists of adaptive equipment as reference.

- Point out the need to take proper care of any equipment to keep it functioning correctly and to help it last a long time.

- Stress following the m[illegible] included in an owner's [illegible] equipment.

- Discuss the term *temp*[illegible] sometimes used by ha[illegible] to someone without a [illegible] that most people will [illegible] device at some point i[illegible] temporarily.

6. Give test.

7. Reteach and retest as required.

8. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

Accent on Living: Buyer's Guide. Bloomington, Illinois: Cheever Publishing, Inc., 1988.

Covell, Mara Brand. *The Home Alternative to Hospitals and Nursing Homes*. Canada: McClelland and Stewart Ltd., 1983.

Hale, Glorya, editor. *The New Source Book for the Disabled*. London: Heinemann, 1983.

"Hearing Aids: A Guide to Their Wear and Care." Krames Communications (312 90th Street, Daly City, California 94015-1898), 1987.

Lunt, Suzanne. *A Handbook for the Disabled: Ideas & Inventions for Easier Living*. New York: Charles Scribner's Sons, 1982.

Parker, Page and Lois N. Dietz. *Nursing at Home*. New York: Crown Publishers, Inc., 1980.

[illegible] [illegible]
[illegible] [illegible]

[illegible] [illegible]

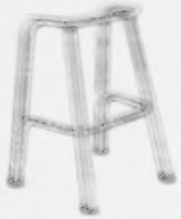
[illegible]

a. Device:______

Use:________

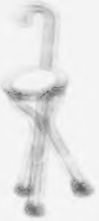
b. Device:______

Use:________



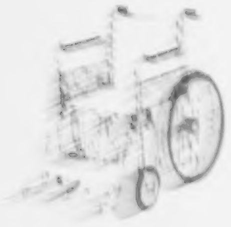
c. Device:______

Use:________



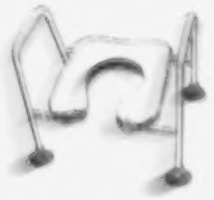
d. Device:______

Use:________



e. Device:______

Use:________



f. Device:______

Use:________

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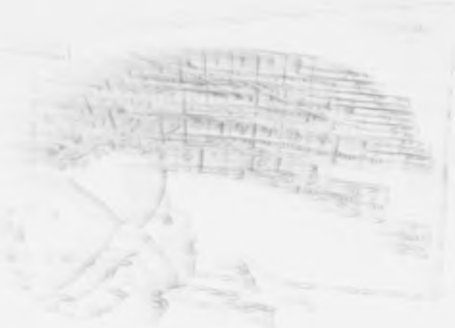
[illegible]

[illegible]

[illegible]

i. Device:______

Use:________



j. Device:______

Use:________

2. List guidelines for basic care and maintenance of adaptive devices.

   a. Cleaning metal:______________________________

   b. Cleaning leather:____________________________

   c. Cleaning vinyl:______________________________

   d. General maintenance:_________________________

   ____

   e. General maintenance:_________________________

   ____

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

1. a. [illegible]
   b. [illegible]
   c. [illegible]
   d. [illegible]
   e. Wheelchair, mobility
   f. Bath seat, bathing
   g. Button hook, dressing
   h. Reacher, general purpose
   i. Toilet with elevated seat, bathroom
   j. Language board, communication

2. Suggested answers, evaluated to the satisfaction of the instructor

   a. Wipe metal parts with a soft cloth
   b. Clean leather parts with saddle soap
   c. Clean vinyl parts with warm soapy water
   d. Check equipment for wear and tear to maintain safety
   e. Check owner's manual for maintenance of mechanized equipment

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know as a result of studying this unit. The pretest will tell your instructor how much you already know about using adaptive equipment. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with an asterisk on this individualized study guide.

Req.	Comp.	
_____	_____	**Read** objective sheet.
_____	_____	**Complete** pretest.
_____	_____	**Discuss** pretest results and study requirements with your instructor.

OBJECTIVE 1

_____	_____	**Study** Information Sheet, Objective 1.

NOTE: To check for competency in this objective, the test will give illustrations of various adaptive devices. To show mastery in this objective, you must correctly label 8 of 10 illustrations.

OBJECTIVE 2

_____	_____	**Study** Information Sheet, Objective 2.
_____	_____	**Complete** Activity Sheet 1, "Use Adaptive Devices."

NOTE: To check for competency in this objective, the test will give illustrations of various adaptive devices. To show mastery in this objective, you must correctly explain the use of 8 of 10 devices.

	Req.	Comp.	
OBJECTIVE 3	_____	_____	**Study** Information Sheet, Objective 3.

NOTE: To check for competency in this objective, the test will ask you to list guidelines for the care and maintenance of adaptive devices. To show mastery in this objective, you must correctly list 4 of 5 guidelines.

UNIT REVIEW	_____	_____	**Review** unit and activity.
	_____	_____	**Complete** test.
	_____	_____	**Discuss** test results with your instructor.
	_____	_____	**Complete** additional study requirements listed below: ____________________ ____________________ ____________________
	_____	_____	**Proceed** to next study assignment: ____________________

INFORMATION SHEET

BASIC RESPITE CARE
USE ADAPTIVE EQUIPMENT

OBJECTIVE 1 **Recognize adaptive devices**

OBJECTIVE 2 **Explain the use of each adaptive device**

> NOTE: Devices can be therapeutic and/or adaptive. Therapeutic devices are used for therapy; adaptive devices help the client adapt to the surroundings.

MOBILITY AIDS

Mobility aids are adaptive devices that help a client to move around. As a respite care provider, you will be exposed to many types of mobility aids. Some of the more familiar types are wheelchairs, walkers, and canes.

Wheelchairs

Wheelchairs come in a variety of sizes and styles to accommodate different needs.

EXAMPLES: Lightweight wheelchairs

Weighted wheelchairs (for amputees)

Battery-powered wheelchairs

Reclining wheelchairs

Folding wheelchairs (for easier portability)

Even standard wheelchairs can be fitted with options.

EXAMPLES: Detachable arm rests (to enable user to slide out of chair with a sliding board)

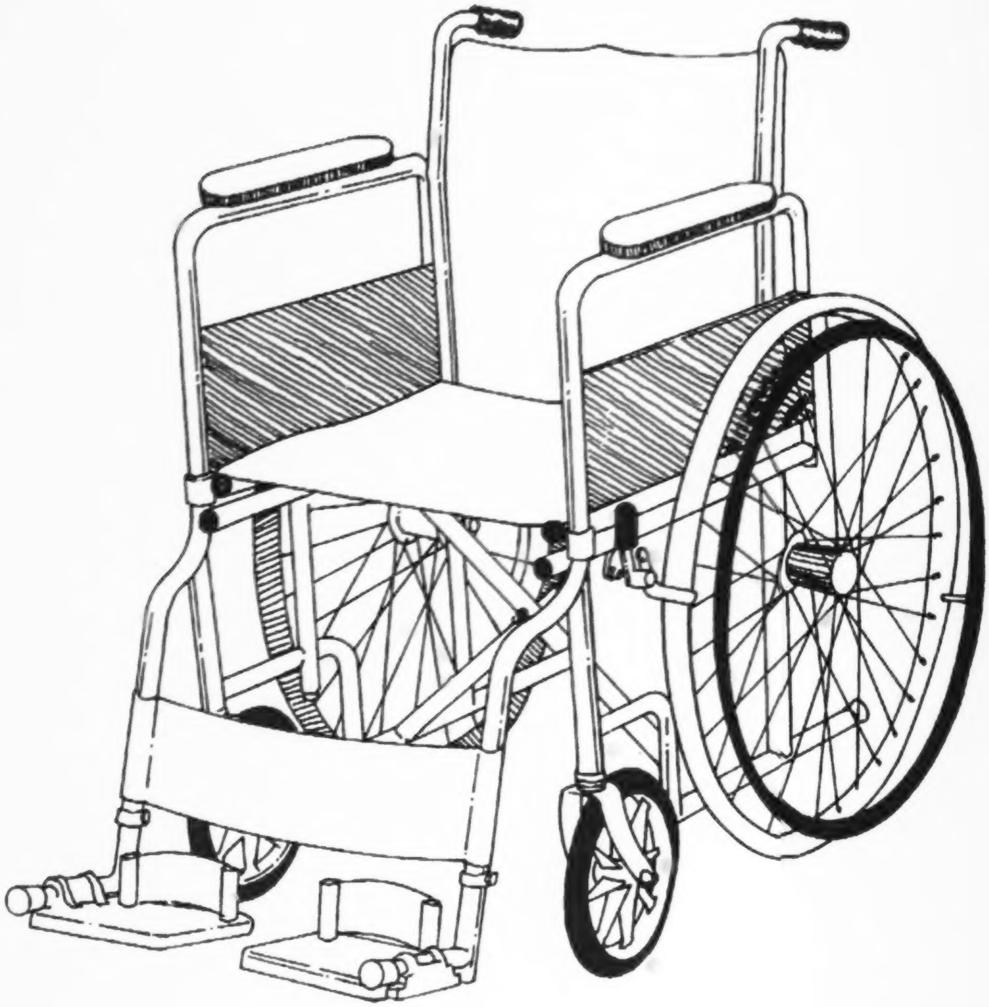
Elevated leg rests

Specialized wheel hand rims (for self-propulsion)

Brakes to reduce speed as well as hold chair in one place

Commode seats

The following illustration is an example of a standard wheelchair.



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One Step More

Roll around in a standard wheelchair for an afternoon, an hour, or even just fifteen minutes. Try hand propelling your wheelchair up a ramp. How easy is it? A recommended grade for a wheelchair ramp is 12 feet of length for every foot of rise. Are the ramps in your facility steeper than that?

Are there some areas of your facility that do not permit wheelchair access? How would you feel if you were "shut out" of many public areas?

Every time you want to go to another floor, is there an elevator available? Are the elevator controls low enough to reach from a wheelchair?

How do other people react to you in the wheelchair? Do some people seem to look right past you or talk to others with you?

Walkers

Instead of a wheelchair, many clients use walkers. Such clients may tire easily or need stability as they walk.

Specialized walkers are available to fit specific needs.

EXAMPLES: Walkers designed to go up and down stairs

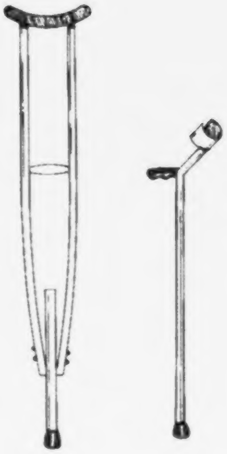
Walkers with seats, for clients who need to rest periodically

Walkers that fold

Walkers with wheels on the front

Crutches

Both the traditional crutch and the forearm crutch are used for clients who need more support than a cane, but less support than a walker.

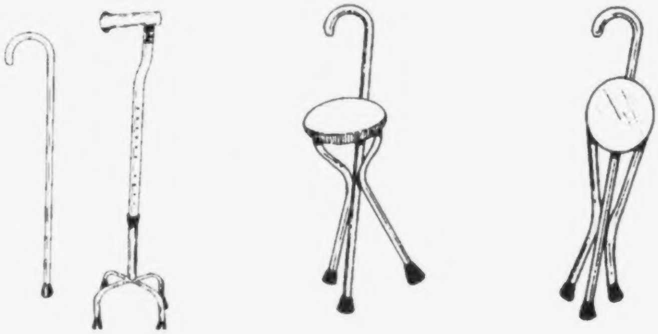


NOTE: Crutches (as well as walkers and wheelchairs) can be fitted with purses or pouches to carry necessities.

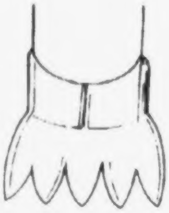
NOT PICTURED: Safety belt (An ambulatory client who is weak or faints easily may wear a safety belt. A safety belt allows an assistant to grasp the client securely if the client faints or falls.)

Canes

Many clients require only a cane for assistance in walking. Canes also come in a variety of shapes, including the normal cane, the quad-cane, and the cane fitted with a seat for clients who need to rest periodically.



NOTE: Canes can also be fitted with a special ice-gripper tip to assist clients on slippery surfaces.

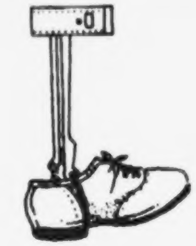


Braces

Leg braces come in many shapes and styles and are fitted to each individual client. (Clients are assisted into their braces while in a reclining position unless otherwise stated in the care plan.)

Some braces fit under the client's clothing, and some fit over the client's clothing. Whichever way the brace is worn, check that it does not rub against the client's skin. Preventing rubbing is crucial for the client's comfort.

The brace shown is an example of the most common type of leg brace.



NOT PICTURED: Back brace (Back braces are often used by clients with skeletal or severe muscular disorders.)

RESTING AND RECLINING AIDS

Resting or reclining aids generally make reclining more comfortable. They enable the client to reposition in bed and provide stability, safety, and support while resting.

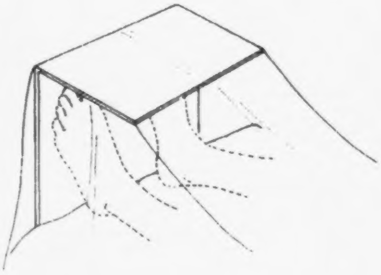
Footboard

A footboard supports the feet at right angles to the legs. Keeping the proper angle prevents a contracture of the foot called *footdrop* (plantar flexion).

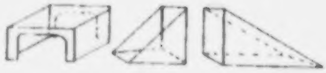
If the bed does not have a footboard higher than the client's feet, insert a board between the foot of the mattress and the end of the bed frame. Flat against the board, the client's feet will be in the same angle to the legs as if the client were standing.

Bed cradle

A bed cradle keeps the bedding from binding the client's feet. It can be a simple framing device attached to the bed, a tall board (footboard) inserted between the mattress and the end of the bed, or a simple device cut from cardboard boxes.

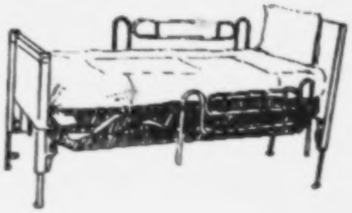


Cut cardboard boxes

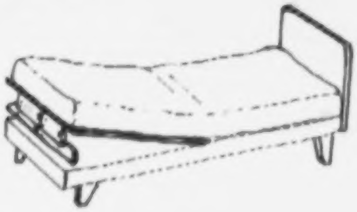


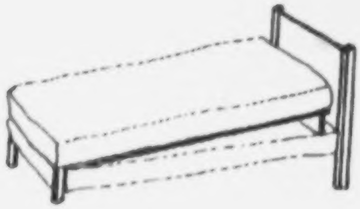
Beds

Hospital beds come in many styles and sizes. Basically, hospital beds offer the option of raising or lowering the entire bed; raising the head, foot, or knee area; or any combination of the above.

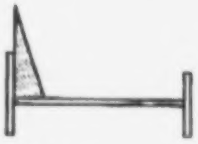


An alternative to a hospital bed is an adjustable bed board used with a regular bed. An adjustable bed board allows the client to be positioned in a similar manner as in a hospital bed, but at a lower cost.

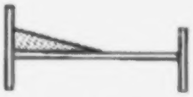




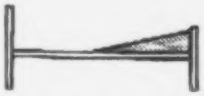
For clients without adjustable beds, bed wedges or wedge pillows are an alternative to standard pillows. They can be used to position a client in a variety of positions:



Behind a sitting client

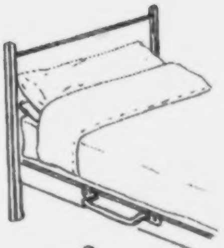


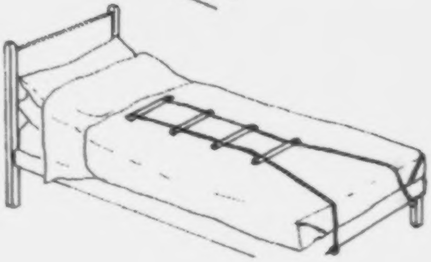
Under head and shoulders



Under client's feet

A variety of other bed aids are available to provide for the client's safety, give the client stability, and enable him or her to reposition in bed.





BATHROOM EQUIPMENT

Bathroom equipment can also be modified to fit the client's needs. Toilets are often elevated for convenience to the disabled user. Grab bars can be attached throughout the bathroom for both safety and to support the individual.

In the bath or shower, support and safety can be as simple as non-slip tub decals, or as elaborate as a bath lift depending on the needs of the individual. Some showers are equipped so that a wheelchair user can roll into the shower and bathe from a wheelchair.

Bath seats are perhaps the most common of the tub or shower aids because of their low price and wide variety of styles.

COMMUNICATION AIDS

Hearing aids

Nearly all hearing aids now fit inside the ear. You can clean and care for a hearing aid in the same way that you would treat an expensive watch:

- Keep it dry
- Do not expose it to heat or chemicals (including hair spray)
- Do not drop it
- Wipe it with a dry tissue to cleanse

Troubleshooting problems with a hearing aid

If there is sound, is the battery properly inserted?

Is the hearing aid on?

Is the volume turned up?

Is the battery dead? Try a new battery. On the average new batteries last 100-200 hours.

If client is getting "feedback" or background noise (the battery is still working), is the hearing aid inserted in the ear properly?

Is wax clogging the transmission? Wipe with a clean tissue.

Telecommunication devices

Telecommunication Devices for the Deaf (TDDs) are teletype-writer units that hook up to a regular telephone (or pay phone) to enable the deaf to type a message and receive a typed message back. Many TDDs have an emergency direct-dial button that sends a pre-typed message to the police, fire, or rescue departments.

Some states have a relay system for TDD users. An operator types or telephones messages back and forth between TDD users and businesses, friends, or relatives.

Television closed captioning

Closed captioning is similar to subti[illegible] screen. For a relatively small fee, c[illegible] available through many catalog and [illegible] attached to a television in the same way that a cable converter is attached and can be attached in addition to a cable converter. Not all television shows have closed captioning, but almost 350 hours of programming a week are now captioned. Also, many popular videocassettes with captions are now available both for rental and purchase.

Photo courtesy of Closed Captioning Institute, Inc.

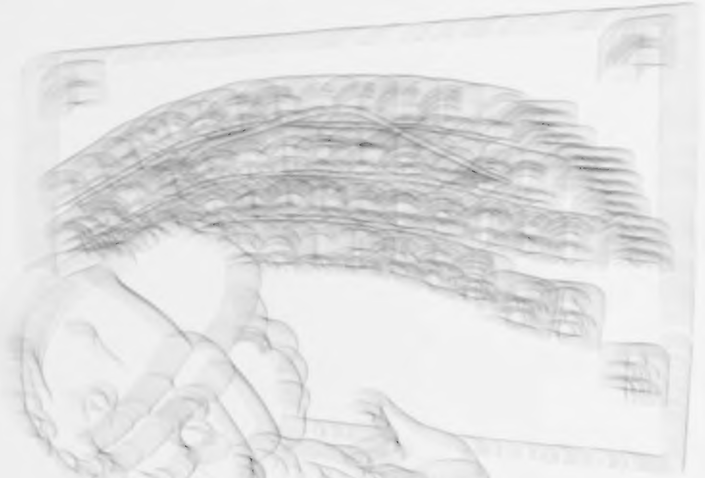
Equipment/devices for the visually impaired

Many household items are available in adapted versions for the visually impaired: audible thermometers, audible clocks, audible computers, and braille clocks and watches. TTYs can be adapted with a braille printout for persons who are blind as well as deaf.

For clients whose vision loss is new, ropes or other guiding devices can lead client through dangerous areas or an area with obstacles.

Equipment/devices for clients with speech impairments

Language or symbol boards enable persons with severe speech defects to point to the letter/word/picture that they are unable to express verbally. These communication boards can be accompanied with a head pointer if needed. Keyboards and computerized voice synthesizers are also available to assist in thought expression.

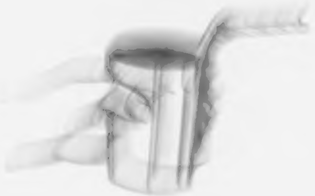


Used with permission of the Trace Research and Development Center, University of Wisconsin-Madison

MEALTIME DEVICES

There are many adaptive devices to help clients at mealtime. Silverware handles may be built up or modified to be easier to grasp, or silverware may be slipped into a specially designed cuff.

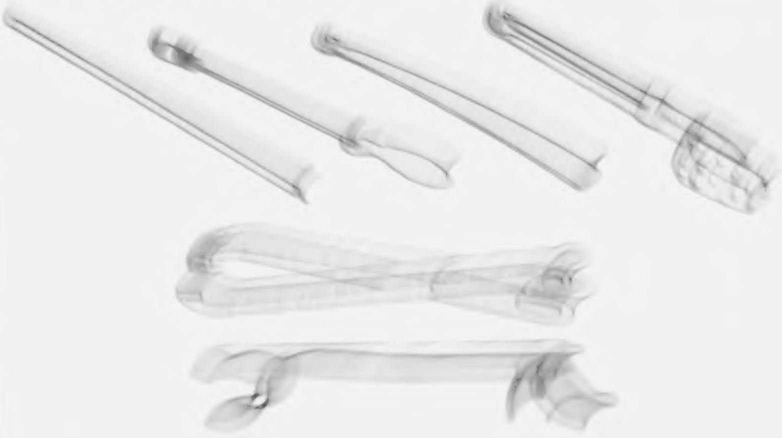
Many common kitchen items such as straws, two-handled cups, non-spilling mugs, and plates with rims are also helpful.



DRESSING DEVICES

Many clients need special help when dressing because of limited hand use or limited arm reach. Everyday items like large zipper pulls, shoehorns, and fastening tape (Velcro) openings can make dressing easier. Others, like elastic shoelaces and buttonhooks, are adaptations of everyday items.

A dressing stick, reachers, long-handled shoehorns, and sock/stocking guide extend a client's reach.



OBJECTIVE 3

List guidelines for the basic care and maintenance of adaptive devices

The term *adaptive equipment* includes many items from simple homemade devices to complex electronic equipment. Just as the complexity varies greatly, so does price; in general, however, adaptive items cost more than similar items for persons without disabilities. Proper care is therefore essential to help these devices last a long time.

By learning a few basic cleaning and maintenance facts, you should be able to help clients care for the variety of orthopedic equipment and adaptive devices you will come into contact with as a respite care provider.

CLEANING

- Wipe metal parts with a soft cloth
- Clean leather parts with saddle soap
- Clean vinyl parts with warm soapy water

MAINTENANCE

- Check equipment for wear and tear to maintain safety
- Check owner's manual for maintenance of mechanized equipment

ACTIVITY 1

Use Adaptive Devices

To become more sensitive to the needs and feelings of people who depend on adaptive devices, try a little experiment to use some adaptive devices as if you were disabled. Spend an afternoon trying to carry on your activities as normally as possible with your mobility, your sight, or your hearing impaired. You might use a wheelchair or crutches, or have an arm in a sling. You might try an afternoon with your eyes covered or wearing sound-blocking muffs over your ears. Check with your instructor for other suggestions.

During your experiment, try as many different activities as possible; but keep your personal safety in mind. If need be, have another person accompany you for safety's sake. Try moving around, from room to room or to another building, going up and down stairs, crossing streets, and getting in and out of cars. Eat a meal and change clothes while using adaptive devices.

After your afternoon, reflect on your experience as you answer the following questions:

Type of disability______________________________

Device used______________________________

1. What other devices might you need if you had this disability?

____

____

____

2. What were your limitations?

____

____

____

3. How did you feel while using this device?

4. What were the reactions of others toward you while you were using this device?

5. Obviously you knew that this was an experiment, that at the end of the afternoon, you would be able to leave your "disability" behind. Consider, however, what you would do differently if you were to have this disability permanently.

   a. What other devices would you want to have?

   b. What would you do if you were not financially able to purchase those devices?

   c. How would you have to alter your future career plans?

   d. What attitude modifications would you wish other people to have?

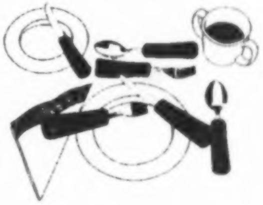
TEST

BASIC RESPITE CARE
USE ADAPTIVE EQUIPMENT

Name________________________________ **Score**____________

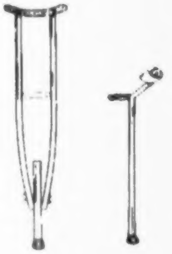
OBJECTIVES 1 AND 2

Label the following adaptive devices and explain their uses. Write the correct answers in the blanks.



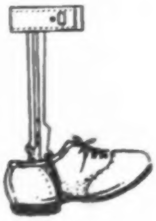
a. Device:______

Use:_________



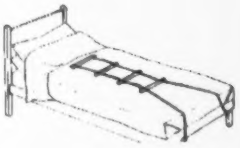
b. Device:______

Use:_________



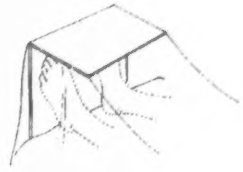
c. Device:______

Use:_________



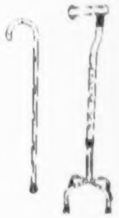
d. Device:______

Use:_________



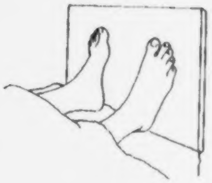
e. Device:______

Use:_________



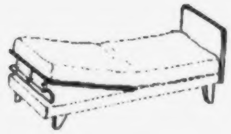
f. Device:______

Use:_________



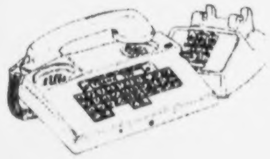
g. Device:______

Use:_________



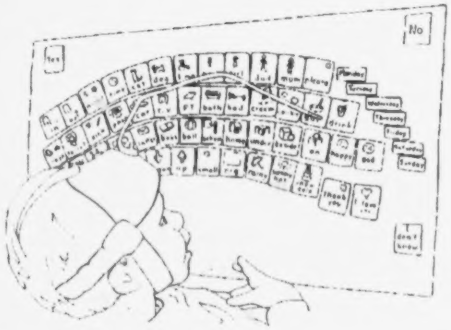
h. Device:______

Use:_________



i. Device:______

Use:_________



j. Device:______

Use:_________

OBJECTIVE 3

List guidelines for the basic care and maintenance of adaptive devices.

a. Cleaning metal:____

b. Cleaning leather:____

c. Cleaning vinyl:____

d. General maintenance:____

____

e. General maintenance:____

____

ANSWERS TO TEST

BASIC RESPITE CARE
USE ADAPTIVE EQUIPMENT

OBJECTIVES 1 AND 2

a. Silverware with built-up handles, eating
b. Crutches, mobility
c. Leg brace, mobility
d. Bed with rope ladder for positioning in bed, resting
e. Bed cradle for keeping covers off feet, resting
f. Canes, mobility
g. Footboard for keeping feet at proper angle, resting
h. Bed with bedboard, resting
i. TDD, communication
j. Language board, communication

OBJECTIVE 3

a. Wipe metal parts with a soft cloth
b. Clean leather parts with saddle soap
c. Clean vinyl parts with warm soapy water
d. Check equipment for wear and tear to maintain safety
e. Check owner's manual for maintenance of mechanized equipment

OBJECTIVE SHEET

BASIC RESPITE CARE

ADMINISTER MEDICATIONS

INTRODUCTION

Administering medications is one of the most necessary and valuable job skills that the respite provider can have. Although a number of disabled individuals require medications for illnesses, others require medicine to stay alive. For example, people with diabetes must have regular dosages of insulin to keep a safe blood sugar level; those with heart or blood pressure problems must take medicine to keep their circulatory systems working properly. These examples can only partially emphasize the importance of medications in some people's lives. As a respite provider, you have the responsibility to administer medications to your clients in a safe, accurate, and timely manner.

UNIT OBJECTIVE

After completing this unit, you should be able to administer various medications, store the medications properly, and document the necessary information.

PREREQUISITES

Before studying this unit, you should have completed the unit on legal issues and should have basic math skills.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. List the "rights" of medication.
2. List proper storage procedures for medications.
3. Document the administration of medications.
4. Administer oral medications.
5. Administer topical medications.
6. Administer rectal/vaginal suppositories.
7. Administer enemas.
8. Administer eye, ear, and nose medications.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Transparency Master 1 — Measuring Utensils for Medication
- Information sheet
- Student supplements

  Student Supplement 1 — Terms Associated with Administering Medications

  Student Supplement 2 — Guidelines for Giving Medications

  Student Supplement 3 — Routes of Drug Administration

  Student Supplement 4 — Side Effects of Medication

  Student Supplement 5 — Policies/Laws Governing Controlled Drugs

  Student Supplement 6 — Abbreviations and/or Symbols Pertaining to Administration of Medications

  Student Supplement 7 — Types of Drug Actions and their Descriptions

  Student Supplement 8 — Common Classes of Drugs and their Actions

  Student Supplement 9 — Foods that Foil Drugs

Student Supplement 10 — Drugs Used to Treat Emotional Disorders

Student Supplement 11 — Measure Liquid Medication

Student Supplement 12 — Put on Sterile Gloves

- Procedure sheets

  Procedure Sheet 1 — Administer Oral Medications

  Procedure Sheet 2 — Administer Topical Medications

  Procedure Sheet 3 — Insert a Rectal or Vaginal Suppository

  Procedure Sheet 4 — Administer an Enema

  Procedure Sheet 5 — Administer Eye, Ear, and Nose Medications

- Test
- Answers to test
- Evaluation forms

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.

  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

  3. Make arrangements for demonstration sessions and media materials for students to observe actual procedures.

  4. Arrange for guest speaker, a lawyer with a medical background, who can talk about hazards of dispensing medication and rules to follow to avoid a lawsuit.

5. Make arrangements with a group home or residential home for students to administer medications and document the procedure.

- **Obtain materials needed to supplement unit.**

1. Videos

   NOTE: The following videos are available from Medcom/Trainex, P.O. Box 116, Garden Grove, CA 92642.

   a. *Math and Measurements for Health Care Personnel: Household Measurements.* Color, 15 minutes, Medcom/Trainex. Video points out which household utensils have exact measurements and which do not. Video also indicates conversion from fluid ounces to cubic centimeters or milliliters:

      One fluid ounce = 2 tbsp = 30 cc = 30 ml

   b. *Medicating the Patient: Administering Oral, Topical, Suppository, and Inhalant Medications.* Color, 21 minutes, Medcom/Trainex. Video stresses the five "rights" of medication and points out contraindications for oral medications (nausea, vomiting, NG tube with suction, semiconscious or unconscious state, impaired or absent gag or swallow reflexes). Video also illustrates how to administer oral medication to a client with NG tube and suctioning.

2. Equipment and forms needed to practice administering medications

3. Posters and charts on rules for administering medications

4. Medical cards for students to use as a resource when identifying medications, side effects, etc.

5. Transparencies and competency profiles

   NOTE: Transparencies and competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.

2. Plan presentations to take advantage of student learning styles.

3. Provide students with objectives and individualized study guides.

4. Pretest qualifying students: administer written test and interview students to assess student competencies.

5. Determine individual study requirements from pretest results.

6. Counsel students individually on pretest results and study requirements.

    a. Modify materials in unit or create supplementary materials for individual students as required.

    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.

    c. Indicate reading and study assignments on the study guide; include media.

    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.

    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate students for competency in all objectives. Plan for required practicum for administering medications and documentation at a group home and/or residential home.

9. Evaluate and document student skills.

   a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

   b. Retrain and re-evaluate unsuccessful students.

   c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

  1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

  2. Prepare classroom.

     - Set up posters, charts, etc. on administering medications; types of drugs; "rights" of medication.

     - Have available copies of current medication cards and the *Physicians' Desk Reference.*

     - Display sample forms used to document medication administration.

  3. Introduce unit.

     - Discuss unit introduction on the objective sheet.

     - Point out that the respite care provider is responsible for client safety when administering medications.

     - Review the "Causes of actions" section of Student Supplement 3, "Civil Liability/Lawsuits" in the unit on legal issues.

  4. Discuss unit objective.

  5. Discuss specific objectives. Emphasize how accomplishing the specific objectives will lead to meeting the unit objective. Relate the objectives to your introduction.

  6. Discuss information sheet.

a. Discuss Objective 1 on the "rights" of medication.

- Review Student Supplement 1, "Terms Associated with Administering Medications."

- Discuss Student Supplement 2, "Guidelines for Giving Medications."

- Stress the importance of following the instructions exactly and of remembering the rights of medication.

- Point out that respite care providers who work for an agency may need to know and follow the agency's policy on administering medications.

- Stress the importance of the interviewing process before the caregiver leaves: respite care provider should ask what medication the client takes, how to administer it, and what to expect from the client in case of administration and any side effects.

- Have student view the video *Math and Measurements for Health Care Personnel: Household Measurements.*

- Discuss Transparency 1, "Measuring Utensils for Medications."

- Give students samples of care plans and have them measure the medications for administration.

- Have students read the pamphlets "Food and Drug Interactions" (HHS Publication No. [FDA] 84-3070) and "Here Are Some Things You Should Know About Prescription Drugs" (HHS Publication No. [FDA] 84-3124). Discuss the interaction of certain foods and drugs.

  NOTE: These pamphlets are available from Department of Health and Human Services, Public Health Service, Food and Drug Administration, HFE-88, 5600 Fishers Lane, Rockville, MD 20857.

- Discuss Student Supplement 3, "Routes of Drug Administration."

- Discuss Student Supplement 4, "Side Effects of Medications."

b. Discuss Objective 2 on storage of medications.

- Discuss importance of storage of medication in regard to safety for the client and other family members.

- Observe correct storage methods during practice procedures. Call attention to positive as well as harmful practices.

c. Discuss Objective 3 on documenting administration of medications.

- Review importance of documentation in care plans.

- Review Supplement 5, "Policies/Laws Governing Controlled Drugs."

- Review Supplement 6, "Abbreviations and/or Symbols Pertaining to Administration of Medications."

- Review Supplement 7, "Types of Drug Actions and their Descriptions."

- Review Supplement 8, "Common Classes of Drugs and their Actions."

- Review Supplement 9, "Foods that Foil Drugs."

- Point out Supplement 10, "Drugs Used to Treat Emotional Disorders" as a resource for additional information.

- Have students practice documenting procedures in Objectives 4-8.

d. Have students view the video *Medicating the Patient: Administering Oral, Topical, Suppository, and Inhalant Medications.*

- Study Student Supplement 11, "Measure Liquid Medications."

  Practice Exercise Answers:

  3 tsp = 15 ml = 1/2 oz

  1 tsp = 5 cc = 5 ml

  1/2 oz = 15 ml = 3 tsp

  1 oz = 6 tsp = 30 ml

  1 tbsp = 15 ml = 3 tsp

- Demonstrate how to measure with liquids; have students practice.

- Discuss Student Supplement 12, "Put on Sterile Gloves." Review this information; you may need to demonstrate the procedure.

  NOTE: Be sure to discuss the difference between sterile gloves and clean gloves. Emphasize the use of clean, not necessarily sterile, gloves in a home environment.

e. Discuss Objectives 4-8 and Procedure Sheets 1-5.

- Demonstrate correct procedures and answer questions as needed.

- Have students practice administering medications to medical models and simulators.

  NOTE: Medical models and simulators are available from the following companies:

  Trainex (see address above)

Health Edco, Inc.
P.O. Box 21207
Waco, TX 76702

1-800-433-2677
1-817-776-6461

Concept Media
2493 DuBridge Ave.
Irvine, CA 92714

1-800-233-7078
1-714-660-0727

- Check documentation.

7. Give written test.

8. Evaluate student performance of procedures.

9. Reteach and retest as required.

10. Complete practicum for medication administration and documentation.

11. Complete appropriate section of competency profiles.

- **Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

Arrowood, Vada and Tom Whalen. *Level I Medication Aide.* Columbia, Missouri: Instructional Materials Laboratory, University of Missouri-Columbia, 1985.

Medication Administration Training. Ada, Oklahoma: East Central University.

Sloan, Jamee Reid. *Practical Nursing I.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/ Curriculum and Instructional Materials Center, 1981.

Sloan, Jamee Reid. *Practical Nursing II.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/ Curriculum and Instructional Materials Center, 1983.

SUPPLEMENT 1 Pretest

Name________________________________Score____________

DIRECTIONS Read the following questions and answer them appropriately.

1. List the "rights" of medication.

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

2. List five guidelines for storing medications.

a. ____
____

b. ____
____

c. ____
____

d. ____
____

e. ______________________________

____

3. Demonstrate the procedures for administering four types of oral medications.

4. Demonstrate the procedures for administering topical medications.

5. Demonstrate the procedures for administering rectal and vaginal suppositories.

6. Demonstrate the procedures for administering enemas.

7. Demonstrate the procedures for administering eye, ear, and nose medications.

8. Complete documentation for each procedure demonstrated.

SUPPLEMENT 2

Answers to Pretest

1. a. Right person
   b. Right medication
   c. Right dosage form
   d. Right amount
   e. Right route of administration
   f. Right time and date
   g. Right charting

2. Evaluated to the satisfaction of the instructor:

   - Return medication to storage directly after administering the medications.

   - Unless otherwise stated, store most drugs at room temperature (59° to 86° F). Drugs stored at higher temperatures for long periods of time may deteriorate and lose their effectiveness.

     NOTE: In a hot climate consider the room temperature. Ask your supervisor for additional information about proper storage for medications.

   - Use a refrigerator for medications that require cold or cool storage (36° to 46° F).

   - Keep medications tightly capped in their original containers; many drugs are sensitive to light and are packaged in light-resistant containers.

   - Excessive moisture (humidity) can reduce the shelf life of many drugs. Keep drugs in a dry place such as an airtight container. Do not remove the drying packets from containers that have them.

3-8. Procedures evaluated to the satisfaction of the instructor

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about administering medications. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

	Req.	Comp.	
	_____	_____	**Read** objective sheet.
	_____	_____	**Complete** pretest.
	_____	_____	**Discuss** pretest results and study requirements with your instructor.
OBJECTIVE 1	_____	_____	**Study** Information Sheet.
	_____	_____	**Read** Student Supplement 1, "Terms Associated with Administering Medications."
	_____	_____	**Read** Student Supplement 2, "Guidelines for Giving Medications."
	_____	_____	**Read** Student Supplement 3, "Routes of Drug Administration."
	_____	_____	**Read** Student Supplement 4, "Side Effects of Medications."

NOTE: To check for competency in this objective, you must list all seven "rights" of medication.

	Req.	Comp.	
OBJECTIVE 2	_____	_____	**Study** Information Sheet.

NOTE: To check for competency in this objective, you must list 4 of the 5 guidelines correctly.

OBJECTIVE 3	_____	_____	**Read** Information Sheet.
	_____	_____	**Study** Student Supplement 5, "Policies Laws Governing Controlled Drugs."
	_____	_____	**Study** Student Supplement 6, "Abbreviations and or Symbols Pertaining to Administration of Medications."
	_____	_____	**Read** Student Supplement 7, "Types of Drug Actions and their Descriptions."
	_____	_____	**Read** Student Supplement 8, "Common Classes of Drugs and Their Actions."
	_____	_____	**Read** Student Supplement 9, "Foods that Foil Drugs."
	_____	_____	**Review** Student Supplement 10, "Drugs Used to Treat Emotional Disorders."
	_____	_____	**Practice** documentation during procedures.

NOTE: To check for competency in this objective, you must correctly document the administration of medications given during Part II, the performance part of the test. To show mastery in this objective, you must correctly document 4 of the 5 procedures.

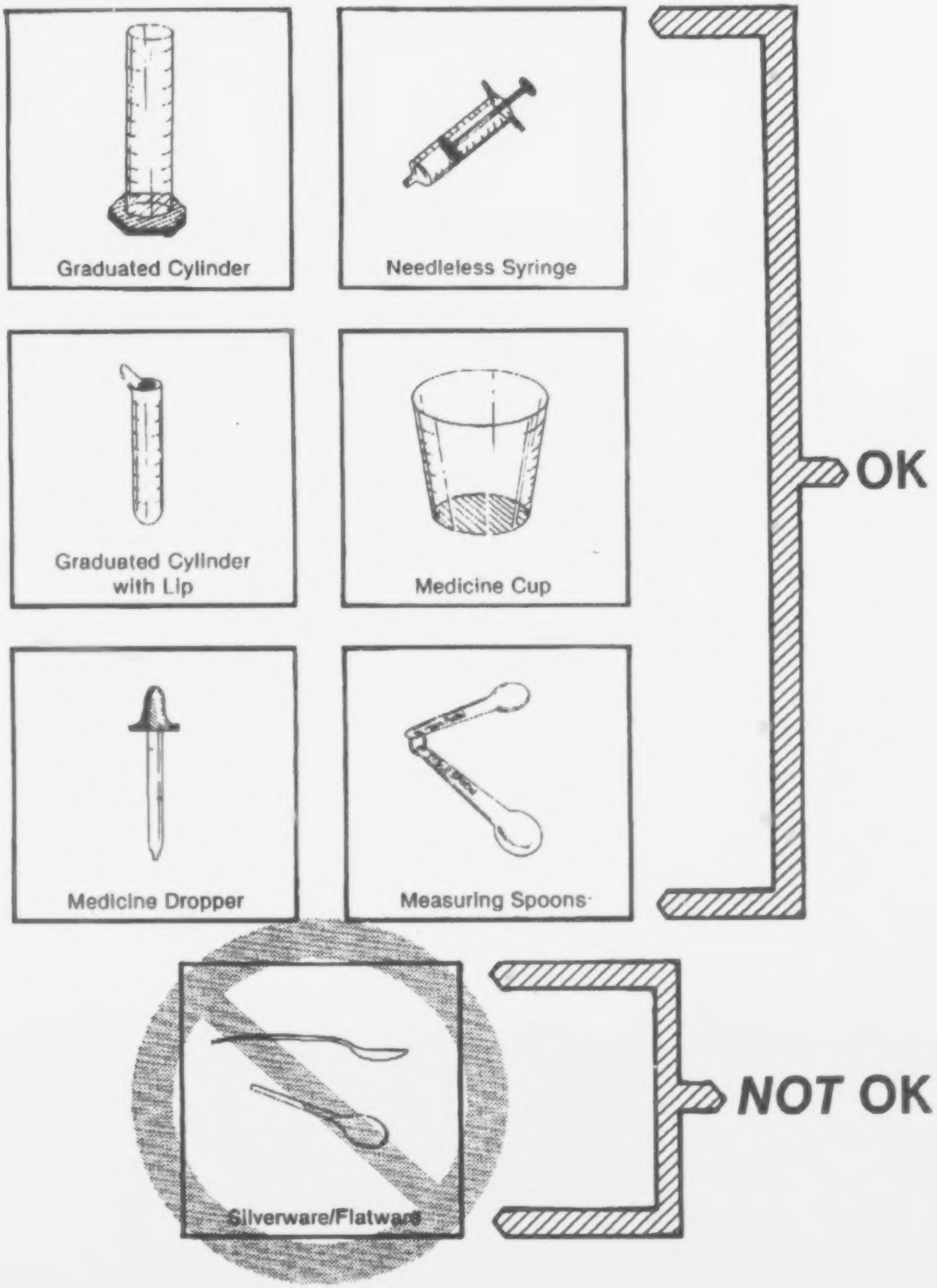
OBJECTIVE 4	_____	_____	**Read** Student Supplement 11, "Measure Liquid Medications."
	_____	_____	**Complete** practice exercises in Student Supplement 11.

	Req.	Comp.	
	____	____	**Read** Student Supplement 12, "Put on Sterile Gloves."
	____	____	**Watch** demonstration of Procedure Sheet 1, "Administer Oral Medications."
	____	____	**Practice** Procedure Sheet 1.
OBJECTIVE 5	____	____	**Watch** demonstration of Procedure Sheet 2, "Administer Topical Medications."
	____	____	**Practice** Procedure Sheet 2.
OBJECTIVE 6	____	____	**Watch** demonstration of Procedure Sheet 3, "Insert a Rectal or Vaginal Suppository."
	____	____	**Practice** Procedure Sheet 3.
OBJECTIVE 7	____	____	**Watch** demonstration of Procedure Sheet 4, "Administer an Enema."
	____	____	**Practice** Procedure Sheet 4.
OBJECTIVE 8	____	____	**Watch** demonstration of Procedure Sheet 5, "Administer Eye, Ear, and Nose Medications."
	____	____	**Practice** Procedure Sheet 5.

NOTE: To check for competency in objectives 4-8, you will be required to correctly demonstrate each procedure according to industry standards.

UNIT REVIEW	____	____	**Review** unit and assignments.
	____	____	**Complete** the test.
	____	____	**Discuss** the test results with your instructor.

Req.	Comp.	
____	____	**Complete** additional study requirements listed below. ____________________ ____________________ ____________________
____	____	**Complete** practicum in administration and documentation of medications.
____	____	**Proceed** to next study assignment: ____________________


Graduated Cylinder
Needleless Syringe
Graduated Cylinder with Lip
Medicine Cup
Medicine Dropper
Measuring Spoons
OK
Silverware/Flatware
NOT OK

OBJECTIVE 1

List the "rights" of medication

INTRODUCTION

Giving medications is one of the most crucial tasks of a respite care worker. The medication itself may have a major impact on the health of your client, and that impact may change drastically if you do not administer the medication exactly as prescribed.

To ensure that you are giving the medication exactly as the physician prescribed, check the "rights" of medication before you administer any medication.

- **Right person**

  Your client must receive only those medications prescribed for him or her, not for someone else. Check the label for your client's name.

- **Right medication**

  If your client takes more than one medication, you must be particularly careful to give the correct one. Check the label for the right medication.

- **Right dosage form**

  Some medications are available in several forms; aspirin, for example, can be a powder, liquid, or solid. Give the medication only in the form indicated in the care plan.

- **Right amount**

  Even though two people take the same medicine, their dosages may be different because of different body weights or reactions to the drug. Check the label for the correct amount for your client.

- **Right route of administration**

  Not all medications are meant to be given the same way; for example, some are meant to be swallowed, some are to be dissolved under the tongue, and sone are to be applied directly to the skin. The physician prescribes the medication to be given in a way that will do the most good for the client.

- **Right time and date**

  Some medications last only a few hours and must be given regularly throughout the day. Some are given only once a day. Some work best if taken on an empty stomach, before meals. Check the label for instructions about when to give the medication.

Another "right" applies after you give medications:

- **Right charting**

  Immediately after giving the medication, write down the necessary information on the client's medication chart. Do it while the information is still fresh in your mind.

WARNING

Read label for information about medication in relation to food or drink.

OBJECTIVE 2 **List proper storage procedures for medications**

INTRODUCTION

Storing medications properly is just as important as administering them properly. Medications may deteriorate or become contaminated if they are kept under certain conditions such as extreme heat or light. Most commonly, the caregiver will already have a storage area assigned for medications. Your responsibility is to return all medications to their proper storage areas and to keep the client and the client's siblings out of them.

If the caregivers are using a storage area that you think is not adequate, you might mention to them ways that they could improve it.

WARNING

Keep all medications out of the reach of children or the client. If the storage area is locked, make sure you have access to a key before the caregiver leaves.

GUIDELINES

- *Return medicine to storage directly after administering the medications.*

- *Unless otherwise stated, store most drugs at room temperature (59° to 86° F). Drugs stored at higher temperatures for long periods of time may deteriorate and lose their effectiveness.*

  NOTE: In a hot climate consider the room temperature. Ask your supervisor for additional information about proper storage for medications.

- Use a refrigerator for medications that require cold or cool storage (36° to 46° F).

- Keep medications tightly capped in their original containers; many drugs are sensitive to light and are packaged in light-resistant containers.

- Excessive moisture (humidity) can reduce the shelf life of many drugs. Keep drugs in a dry place such as an airtight container. Do not remove the drying packets from medication containers that have them.

Medication Given	Time Given	Dosage	Route	Response/ Side Effects	Other Information

508

OBJECTIVE 3

Document administration of medications

INTRODUCTION

Documenting the administration of medications benefits the respite provider and client in a variety of ways.

- Writing down essential information helps you remember what medications you administered and when you administered them.
- It is the only way for you to prove that medication was given in case a question arises.
- It allows parents or others involved in the client's care to look back and see that the medications were given.
- Careful documentation ensures that the client gets the best possible care concerning medications.

What to document

When documenting, you should record the following pieces of information:

1. **Time given** (date, time, A.M. or P.M.)
2. **Medication given** (write exactly what is on the bottle or container)
3. **Dosage** (amount of liquid or number of tablets, pills, capsules, etc.)
4. **Route of administration** (oral, rectal, etc.)
5. **Response of client** (willingness or refusal to take the medicine; side effects such as nausea, drowsiness, hyperactivity, etc.)
6. **If client did not take medication** on schedule and why
7. **Other information as requested by parents**

On the previous page is a chart that can be used for documenting medications. Use it to practice documenting the medications given in the procedure sheets.

SUPPLEMENT 1

Terms Associated with Administering Medications

Aseptic — Sterile; free from germs

Contraindication — Symptom or situation that makes a treatment or procedure unwise

Emesis — Vomiting

Enteric — Pertaining to the small intestine

NOTE: Do not crush tablets that are **enteric** coated; they are not meant to dissolve until they reach the small intestine.

Fecal impaction — Feces tightly wedged in an overloaded bowel

Feces — Body waste discharged from the bowels; excrement; stools

Hyperactivity — Excessive action

Instillation — Putting a liquid slowly, drop by drop, onto a body surface or into a body cavity

Nebulizer — Device that changes a liquid into a fine spray or mist; atomizer

Ophthalmic — Pertaining to the eye

Oral syringe — Needleless instrument used for giving liquid medication to children

Peristalsis — Wavelike movement of contents from one part of the colon to another

Side effect — Actions of a drug that are undesirable and may limit usefulness of the medications

Soluble — Able to be dissolved

Sphincter — Ringlike muscle that closes an opening such as the anus

Suppository — Semisolid substance that melts at body temperature, usually placed in the rectum or vagina

SUPPLEMENT 2

Guidelines for Giving Medications

Giving medications is one of the most crucial tasks of a respite care worker. The medication itself may have a major impact on the health of your client, and that impact may change drastically if you do not administer the medication exactly as prescribed.

To ensure that you are giving the medication exactly as the physician prescribed, check the "rights" of medication before you administer any type of medication:

- **Right person**
- **Right medication**
- **Right dosage form**
- **Right amount**
- **Right route of administration**
- **Right time and date**

Another "right" applies **after** you give medications:

- **Right charting**

GUIDELINES

As a respite care provider, you should...

- Concentrate on the task at hand—preparing and giving medications
- Check the client's care plan for specific information about your client's medication
- Never use an unlabeled bottle
- Do not dilute a medication unless indicated on label

- Never combine two partially filled containers of like medication

- Never use medication that has passed its expiration date or was stored improperly

  NOTE: Call the consulting physician, nurse, or pharmacist for instructions if the medication is beyond the expiration date.

- Follow physician's instructions on medication label

- Make accurate, exact measurements of medications

- Use special measuring devices as needed to get the exact dosage

- If client is taking more than one medication, give the more important medication first—in case the client has difficulty swallowing the tablets

- Explain to client—at client's level of understanding—exactly what you are going to do or what you wish client to do

- Avoid touching the medication directly with your hands; pour tablets or capsules into lid of medicine bottle or into a medicine cup, not into your hand

- Place the lid of medicine bottle top side down on a table so that the inside will not be contaminated

- If medication is oral, position client to make swallowing easy

- Give oral medications slowly

- Avoid scraping client's teeth with the medicine cup or other measuring utensil

- Stay with client until medication is taken

- Do not rush the client

- Store bottle of medication properly

- Observe client for any side effects such as drowsiness, nausea, or hyperactivity
- Document the procedure: type of medication, time administered, and any side effects
- Do not record a medication until client actually takes it
- If a scheduled medication is not given, document that it has not been given, the time, and the reason it was not given: DO NOT DOUBLE UP ON DOSAGE
- If there is an emesis and client vomits the medication...
  - — Document the emesis
  - — Follow instructions on care plan if it addresses the situation
  - — Otherwise, notify consulting physician or nurse and inquire whether to reschedule medication

If a client dies...

- — Remove medications from cabinet
- — Place medications in a sealed bag and store for 30 days
- — After 30 days destroy medications according to the facility's or employer's policy

If client is a child...

- Ask parents for information about child's past experiences with taking medications
- Expect the child to cooperate; children often have a way of living up to expectations
- Give simple, honest answers and explanations to child
- Use the same terminology used by the parents for the medication, such as "pills" or "red pills"

- Never tell a child that the medication tastes good when it does not; you will lose the child's trust

- Never hold a child's nose shut or blow in his or her face to make the child swallow medication

- Allow the child to make a choice in some flexible aspect of giving medications so that child feels a measure of control over the situation; be sure to follow through with the child's choice

  EXAMPLES: "Would you like to take your medication in bed, or would you rather have it here by the window?"

  "Which teddy bear is going to sit beside you while you take your medication today?"

  NOTE: Do not ask child "Are you ready to take your medication?" Such choices as when or whether to take the medication are not choices for the child—or you—to make.)

- Praise child who has been cooperative

SUPPLEMENT 3

Routes of Drug Administration

Buccal — Placing a drug against the inner surface of the cheek so that the mucous membrane absorbs the drug

Inhalation — Breathing deeply or using a machine to apply a drug to the respiratory membrane

Irrigation — Flushing mucous membrane or skin with a drug that is in solution; useful for localized treatment

Instillation — Placing a drug that is in solution into a body cavity, where the membrane absorbs the drug

Inunction — Applying a liniment with rubbing to create friction

Oral — Swallowing a liquid, tablet, or capsule form of drug

Sublingual — Placing a drug under the tongue to be dissolved; membrane of the mouth absorbs the drug

Topical — Applying a drug to the skin

SUPPLEMENT 4

Side Effects of Medication

INTRODUCTION

If your client is taking medication, you should try to find out as much about that medication as you can. The more you know about a particular medication, the more easily you will recognize when something is wrong about a dosage, the more alert you will be to its side effects, and the more aware you will be of circumstances that make your client's taking the medication unwise.

You can find out information about your client's medication from the primary caregiver, the care plan, the medical release form, the medication label or package, the pharmacist, and from the *Physician's Desk Reference* (*PDR*). If you work for an agency, the agency should have a current copy of the *PDR* for reference. If not, check your local library.

The *Physician's Desk Reference*, published yearly, contains current information about prescription drugs. Two supplements come out each year with any new information not in the *PDR*. In addition, a separate volume, *Physician's Desk Reference for Nonprescription Drugs* contains current information on over-the-counter medications that your client may be taking.

Medication cards, pocket-sized cards with detailed information, are also available for easy, practical use. Medication cards outline dangerous combinations, side effects, and general information about uses for the drugs prescribed for your client.

There are two kinds of effects of medication:

- Effect for which medicine is prescribed
- "Side" effects or effects that are undesirable and may limit usefulness of the medication

Be alert

Respite care providers should be aware of foods, prescribed drugs, and over-the-counter drugs that may affect the action of prescribed medications. A client may have a serious allergic reaction to medication, food, or other substances. If the client shows signs of swelling around the eyes, rash, shortness of breath or wheezing, itching (especially on palms of the hand), or a tightness in the throat, notify the physician immediately. This could be a life-threatening situation.

When you administer medications, observe the client for effects of the medication. Look for planned effects of the medication as well as side effects. Does the medication cause the effect for which it was prescribed?

If you observe what may be a side effect of the medicine, do not write it down in the side-effect column until you are **certain** of the cause. Most symptoms of side effects are so vague that they may be caused by many things. Discuss your observation with the family, supervisor, or physician.

You must record drug reactions and interactions. Use proper documentation procedures for your protection and your client's.

SUPPLEMENT 5

Policies/Laws Governing Controlled Drugs

INTRODUCTION

Health care agencies have policies and procedures regulating the use of narcotics and other dangerous drugs in their facilities. These policies and procedures govern who is responsible for counting "controlled" drugs, who may have access to these drugs, and how to record use of controlled drugs. Even though these policies vary from one facility to another, each staff person should know what drugs are controlled and how to record their use.

Residential or group homes keep narcotics and other controlled drugs under double lock; that is, these drugs are kept within a locked closet within the locked medicine closet. The person in charge of the medicine closet must have the keys at all times, not putting them down or leaving them where someone else can get to the keys.

Health care agencies have special forms or records that contain data about each narcotic dose used. The facility's policy includes how many hours that a physician's order for narcotics and other controlled drugs is valid. Anyone who intends to administer one of those drugs must check the physician's order carefully to be sure that it has not expired.

The staff must be able to account for narcotics and other controlled drugs at all times. At each change in shift, the staff must count and check these drugs and report any problems immediately to the appropriate supervisor.

Policies may also include procedures how to dispose of a drug that is not administered or is accidentally contaminated. Special rules may concern the administration of narcotics or other controlled drugs by untrained employees.

NOTE: State narcotic laws may be stricter than federal laws. Follow whichever law is stricter, whether it is state or federal law.

CONTROLLED SUBSTANCE SCHEDULE

Effective in 1971, the Controlled Substance Act listed requirements for the control of dangerous drugs. There are five schedules of controlled substances, known as Schedule I, II, III, IV, and V. Drugs listed within a schedule share a similar potential for abuse. The lists of drugs change as new drugs are added or old ones reclassified.

SCHEDULE I

- High potential for abuse
- No currently accepted medical use for the drug in the United States
- Lack of accepted safety in the use of this drug, even under medical supervision

EXAMPLES: Marijuana, peyote, LSD, mescaline, heroin

SCHEDULE II

- High potential for abuse
- Accepted for medical use in the United States
- Possible severe physical or psychologic dependence if abused

EXAMPLES: Morphine, codeine, Dilaudid, cocaine, Demerol, Percodan, amphetamines, depressants

SCHEDULE III

- Potential for abuse less than the drugs in Schedule I and II
- Accepted for medical use in the United States
- Possible moderate or low physical dependence or high psychologic dependence if abused

EXAMPLES: Doriden, codeine combined with aspirin or Tylenol, some combination medications with a depressant in it

SCHEDULE IV

- Low potential for abuse relative to the above classes
- Accepted for medical use in the United States
- Possible limited physical or psychologic dependence if abused

EXAMPLES: Phenobarbital, chloral hydrate, Placidyl, Valium, Miltown, Librium

SCHEDULE V

- Low potential for abuse relative to substance in Schedule IV
- Accepted for medical use in the United States
- Possible limited or psychologic dependence if abused

EXAMPLES: Narcotic containing cough syrups, lomotil

SUPPLEMENT 6

Abbreviations and/or Symbols Pertaining to Administration of Medications

INTRODUCTION

There are many abbreviations and symbols used in giving medications; unfortunately, not everyone uses the same ones. Each facility or agency has an approved list of abbreviations and symbols. You should know and use your facility's own list so that everyone who reads what you record will understand it.

The following list contains many of the most commonly used abbreviations and symbols.

aa, $\overline{aa}$	of each
ac	before meals
ad lib	as desired
AM, am	morning
amp	ampule
amt	amount
aq	water
bid	twice a day
$\bar{c}$	with
cap	capsule
DC, disc	discontinued
elix	elixir
et	and
ext	extract
fl, fld	fluid
h, hr	hour
H	hypodermic
hs, HS	hour of sleep
IM	intramuscular
IV	intravenous
mEq	milliequivalent
noc, noct, N	night
NPO, npo	nothing by mouth
NS, N/S	normal saline
OD	eye right
OS	eye left
os	mouth
OU	both eyes
per, /	by means of

PM, pm	after noon
po, PO, per os	by mouth
prn, PRN	as necessary
qd	every day
qh	every hour
q2h	every 2 hours
q3h	every 3 hours
qid	four times a day
qod	every other day
qs	quantity sufficient
R	rectal
Rx	take
$\bar{s}$	without
SC, subq	subcutaneous
sig	label
SL	sublingual
sol	solution
sos	once, if necessary
sp	spirits
stat	immediately
supp	suppository
syr	syrup
tab	tablet
tid	three times a day
tinct, tr	tincture
U, u	unit
ung	ointment

SUPPLEMENT 7

Types of Drug Actions and their Descriptions

Depressant — Slows activity of body systems or organs

Stimulant — Speeds activity of body systems or organs

Irritant — Causes excessive cell activity; prolonged irritation depresses activity

Emollient — Coats and protects tissues

Selective — Has power to act on a certain part of the body

Principal effect — Therapeutic action most desired

Side effect — Action of a drug other than the main effect for which drug is given

Untoward — Harmful

Cumulative — Tendency to accumulate in system due to slow excretion; may be desired or undesired

Antagonistic — Opposite or counteraction of one drug to another

Synergistic — Increase in potency or decrease of side effects due to the working together of two drugs

SUPPLEMENT 8

Common Classes of Drugs and their Actions

Analgesic — Relieves pain

Anesthetic — Produces loss of feeling

NOTE: Anesthetic can be general, local, or regional.

Antacid — Neutralizes acids

Antibiotic —Destroys bacteria

NOTE: An antibiotic that is capable of killing a variety of bacteria in known as a wide-spectrum antibiotic.

Antipyretic — Reduces febrile temperatures

Cardiogenic — Acts directly on the heart

Depressant — Produces sedation or sleep

Diuretic — Increases the output of urine

Emetic — Induces vomiting

Hallucinogen — Produces hallucinations

Hormone — Stimulates by chemical action an increase in function or secretions; substance originates in organ or gland, then circulates in bloodstream to other organs

Hypnotic — Produces sleep; causes insensibility to pain

Narcotic — Produces sleep; relieves pain

Tranquilizer — Reduces mental tension and anxiety

SUPPLEMENT 9

Foods that Foil Drugs

If your client takes:	And eats or drinks:	The combination may:	So intervene with:
Acetaminophen (Tylenol and others)	Carbohydrates	Retard the absorption rate of the drug, though not the total amount absorbed	Explain that the therapeutic effect will be delayed
Anticoagulants (Coumadin, Dicumarol, and others)	Food high in vitamin K: citrus fruits, egg yolks, large amounts of fish, fish oil, potato chips, vegetable oil, leafy green vegetables	Decrease prothrombin time	Watch for changes in prothrombin time; limit intake of foods high in vitamin K
Disacodyl (Dulcolax Tablets)	Milk or alkalinizing food	Disintegrate the enteric coating prematurely in the stomach or intestine	Give the medication with water or other beverage; watch for gastric irritation or lack of therapeutic effect if the patient did take milk
Cardiac glycosides (digitalis, digitoxin, digoxin)	Milk or other food high in calcium	Diminish the therapeutic effect and lead to arrhythmia	Withhold milk; give the drug after meals to lessen gastric irritation
Erythomycin stearate	Acidic fruit or juice, carbonated beverages	Decompose the drug prematurely	Give the drug 1 hour before or 3 hours after meals
Griseofulvin (Fulvicin, Grifulvin, Grisactin)	Very little fat	Cause incomplete absorption of the drug	Serve butter or margarine at each meal
Iron salts	Cereal, eggs, milk	Form insoluble chelates	Withhold these foods
Iron salts	Citrus fruit juice	Hasten absorption and cause toxic reactions: nausea, vomiting, peripheral vascular collapse, anaphylaxis	Withhold these juices
Levodopa (Dopar, Larodopa)	Foods high in vitamin B_6--yeast, liver, muscle meat, whole grain cereals, fish, vegetables, molasses	Interfere with the therapeutic effect	Limit intake of these foods

Lincomycin (Lincocin)	Any food or beverage	Interfere with absorption of the drug	Allow only water for 1-2 hours before and after administration of the drug
Lithium (Eskalith, Lithane, Lithonate)	Insufficient salt and water	Cause lithium toxicity: diarrhea, vomiting, drowsiness, muscular weakness, lack of coordination	Insure adequate salt and fluid intake; watch for toxicity
MAO inhibitors (Eutonyl, Eutron, Nardil, Parnate)	Foods high in pressor amines: aged cheese, processed cheese, beer, wine (especially Chianti), chocolate, yeast extract, avocado, pickled herring, chicken liver, broad bean pods	Cause possibly fatal hypertensive crisis or intracranial bleeding	Warn clients of the danger; watch for signs of crisis: severe headache, chest pain, profuse sweating, palpitation, fast or slow pulse, visual disturbances, stertorous breathing, coma
Penicillin	Acidic fruit juices or beverages	Decompose the drug prematurely	Give the drug with water on an empty stomach
Tetrachlorethylene (anthelmintic therapy)	Excessive fat	Cause systemic absorption of CNS toxicity instead of topical action	Restrict fat intake
Tetracycline antibiotics	Any food, but especially milk and other diary products	Interfere with absorption of drug	Give the drug 1 hour before or 2 hours after meals
Thiazide diuretics	Imported (natural extract) licorice	Cause hypokalemia, salt and water retention, hypertension, alkalosis	Warn client to avoid imported licorice; (most domestic licorice contains only harmless artificial flavoring)
Tolbutamide (Orinase)	Alcohol	Cause photosensitivity and disulfiram-like reactions	Warn client to avoid alcoholic beverages

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SUPPLEMENT 10

Drugs Used to Treat Emotional Disorders

INTRODUCTION

Emotional disorders are a serious inappropriate reaction to stress. Mentally retarded individuals who have less ability to adapt to stress will be more vulnerable to all types of emotional disorders—including psychosis, anxiety, and depression.

The drugs used for emotional disturbances have the same indications and uses for mentally retarded persons as for anyone else who displays an emotional disturbance. If you can study psychosis, anxiety, and depression along with the drugs and how they are administered, you can aid the staff who work with the mentally retarded, those who work with the emotionally disturbed, and those who work with people who are both mentally retarded and emotionally disturbed (a condition called *dual diagnosis*).

If you are to work with clients who are emotionally disturbed, you will need to become aware of their general symptoms to be treated, type of medications, side effects, and the results to be expected from treatment.

However, the point of importance here is knowledge of terminology and definitions. When you are exposed to situations and then asked questions about a person's behavior, your communication with other health care professionals will be limited and not very effective unless you know and understand the various disorders and drugs.

Therefore, with respect to drug therapy, you will need to be able to use resources that will help you to identify symptoms or monitor parameters—specific behaviors that you can identify and document. Then when the situation arises, you can communicate your observations in a knowledgeable way to the other health care providers. More importantly, when a client's behavior/symptoms change, you will be able to recognize a deterioration before it becomes a problem.

Adapted from *Medication Administration Training*. Used with permission.

Psychosis - Schizophrenia

Although schizophrenia is the most common form of psychosis, its fundamental nature is still not fully understood. The term schizophrenia, introduced by Eugene Bleuler in 1911, means "split personality." This meaning cannot be applied literally to the disease as it is understood today. The personality of the schizophrenic should be regarded as disintegration rather than splitting.

In general, the individuals who develop schizophrenic patterns of behavior are the introverted personalities who are characteristically shy, seclusive, sensitive, and lonely. In childhood and in adolescence they were more or less uncommunicative and had difficulty in making and keeping friends. They were content to stay home and failed to participate in social affairs, either in their community or in school. As a result of their withdrawal from the social and realistic world, such individuals resorted to daydreaming and egocentric thinking. Their lack of social contacts led to the development of odd and peculiar mannerisms. With the passage of time these symptoms became more pronounced, and the general appearance of the individuals was that of abnormally seclusive and apathetic persons with queer habits and manners. Schizophrenia generally starts during the adolescent and early adult years, between the ages of approximately 15 and 30.

Clinicians have distinguished four types of schizophrenia.

1. **Simple schizophrenia** — Simple schizophrenics make no attempt to work or play and become careless about personal habits and appearance. They tend to daydream. As their apathy increases, they may remain in one place for a long period with blank expressions or fixed smiles. They frequently give the impression of being mentally retarded but are not. These individuals are usually oriented and rarely experience hallucinations or delusions.

2. **Hebephrenic schizophrenia** — In addition to exhibiting the apathy and seclusiveness of the simple schizophrenic, hebephrenic patients' smiles and laughter are silly and inappropriate, usually being out of harmony with their statements. They may giggle for hours—all without cause—which is accompanied with grotesque grimaces.

Most hebephrenics display purposeless mannerisms and gestures, which may include peculiar movements of the arms and legs, walking backwards, crawling, etc.

Although they are not dominant symptoms, delusions and hallucinations that do occur are extremely illogical, bizarre, and changeable.

Patients may be unable to dress themselves or take care of their physical needs. They may also show marked interest in urine and fecal matter.

3. **Catatonic schizophrenic** — In general, catatonics manifest two contrasting motor phases—stupor and excitement—which may or may not alternate.

   a. **Stuporous phase** — In this phase individuals are usually inaccessible and fail to respond to any type of stimulation. They are negativistic—refusing to speak, eat, dress, or eliminate. The patient may remain in a given position for weeks.

   b. **Excited phase** — In this phase persons are usually noisy, excited, and impulsive. They react, in an apparently frightened manner, to hallucinations of sight and hearing.

4. **Paranoid schizophrenia** — The paranoid type of schizophrenia is distinguished by the presence of delusions. Delusions of the persecutory type are common and examples can be feelings of being talked about, watched, followed, etc. Also, grandiose delusions are prominent, such as being God, Christ, Napoleon, etc.

Target symptoms of schizophrenia

Drugs used to treat schizophrenia (a.k.a. antipsychotics, neuroleptics) will at best eliminate or modify the psychotic symptoms in a schizophrenic patient. The client, however, will still have problems and will need other treatment such as vocational rehabilitation, social skills training, and reality orientation to help improve day-to-day coping.

Therefore, with respect to drug therapy, we need to know how to identify symptoms or monitor parameters—specific behaviors you can identify and document. Then, when the situation arises, you can communicate your observations in a knowledgeable way to the other health care providers. But, more importantly, when a client's behavior/symptoms change, you'll be able to recognize a deterioration before it becomes a problem.

Loose associations — A thinking disorder, or disturbance in associations, in which thinking becomes over-centralized, diffuse, and vague, progressing towards a goal and generally failing as an adequate vehicle of communication with others.

Delusions — A false belief out of keeping with the individual's level of knowledge and cultural group. The belief is maintained against logical argument and despite objective contradictory evidence.

Hallucinations — A false sensory perception in the absence of an actual external stimulus. May be of emotional or chemical (drugs, alcohol, etc.) origin, and may occur in any of the five senses.

Preoccupation — A thought that engrosses the mind.

Withdrawal — A pattern of action, induced by persistent frustration, in which a person removes himself from the realm of conflict and obtains satisfaction in such ways as daydreaming, alcoholism, etc., or escape into work where personal problems can be forgotten.

Disheveled appearance — To let hair or clothes loosen and fall in disarray; untidy.

Suspiciousness — Tending to distrust. To think something is wrong.

Agitation — State of chronic restlessness; a major psychomotor expression of emotional tension.

Hostility — Tendency to feel enmity and more or less enduring anger toward, and to seek to inflict harm upon, a person or a group.

Insomnia — Inability to sleep, especially when chronic.

Suicidal ideation — To form an idea of suicide.

Antipsychotic/ neuroleptic drugs

1. **Compazine** (generic name *Prochlorperazine*) — For control of severe nausea and vomiting. For management of the manifestations of psychotic disorders. Is effective for the short-term treatment of generalized non-psychotic anxiety. Compazine has not been shown effective in the management of behavioral complications in patients with mental retardation.

2. **Haldol** (generic name *Haloperidol*) — Is indicated for use in the management of the manifestations of psychotic disorders.

3. **Loxitane** (generic name *Loxapine*) — Is indicated for the management of the manifestations of psychotic disorders.

4. **Mellaril** (generic name *Thioridazine*) — For the short-term treatment of moderate to marked depression with variable degrees of anxiety in adult patients and for the treatment of multiple symptoms such as agitation, anxiety, depressed mood, tension, sleep disturbances, and fears in geriatric patients.

5. **Moban** (generic name *Molindone*) — Is indicated for the management of the manifestations of psychotic disorders.

6. **Navane** (generic name *Thiothixene*) — Is indicated for the management of the manifestations of psychotic disorders. Navane has not been evaluated in the management of behavioral complications in patients with mental retardation.

7. **Orap** (generic name *Pimozide*) — Is indicated for the suppression of motor and phonic tics in patients with Tourett's Disorder who have failed to respond satisfactorily to standard treatment.

8. **Prolixin** (generic name *Fluphenazine*) — Is used in management of manifestations of psychotic disorders. This drug, however, has not been shown effective in the management of behavioral complications in patients with mental retardation.

9. **Serentil** (generic name *Mesoridazine*)

    a. **Schizophrenia** — Substantially reduces the severity of emotional withdrawal, conceptual disorganization, anxiety, tension, hallucinatory behavior, suspiciousness, and blunted affect.

b. **Behavioral Problems in Mental Deficiency and Chronic Brain Syndrome** — Excellent or good in the management of hyperactivity and uncooperativeness.

c. **Psychoneurotic Manifestations** — Reduces the symptoms of anxiety and tension.

10. **Stelazine** (generic name *Trifluoperazine*) — Is used in management of manifestations of psychotic disorders. Controls tics and utterances of Tourett's Disorder in adults.

11. **Taractun** (generic name *Chlorprothixene*) — Is indicated for the management of manifestations of psychotic disorders. Has not been shown effective in the management of behavioral complications in patients with mental retardation.

12. **Thorazine** (generic name *Chlorpromazine*) — Used for the management of manifestations of psychotic disorders and to control manifestations of the manic type of manic-depressive illness. To control nausea and vomiting.

13. **Trilafon** (generic name *Perphenazine*) — Is indicated for use in the management of the manifestations of psychotic disorders; and for the control of severe nausea and vomiting in adults.

Side effects

General side effects are divided into four areas:

1. **Sedation** — All antipsychotics have the potential to produce sleepiness/drowsiness. Thorazine and Mellaril are the most likely to cause drowsiness; Haldol, Prolixin, and Stelazine are the least likely to cause this problem.

2. **E.P.S.** — effects (Extrapyramidal Reactions). This group of symptoms includes rocking behavior, rhythmic movements, head or tongue thrusts, tremors, shuffling gait. Mellaril and Serentil are the least likely to cause these reactions. Prolixin, Stelazine, and Haldol are the most likely to cause reactions.

3. **Anticholinergic effects** — Constipation, dry mouth, blurred vision, decreased ability to perspire. Mellaril and Sparine are the most likely to cause this, while Stelazine, Prolixin, and Haldol are the least likely.

4. **Orthostatic hypotension** — Changes in posture—sitting to standing or reclining to standing—create large changes in blood pressure, which may result in dizziness or even a "black-out." This is most likely with Thorazine and Mellaril but least likely with Stelazine, Haldola, and Prolixin.

Extrapyramidal effect

Parkinsonian symptoms
- Akinesia
- Muscle rigidity
- Shuffling gait
- Drooling
- Mask-like faces
- Tremor of extremities, especially hands

Dystonic Reactions
- Oculogyric crisis (fixed upward stare)
- Torticollis (unilateral spasm of neck muscles)
- Opisthotonus (arched back)
- Trismus, laryngospasm (spasm of muscles in jaw, throat)

Akathisia
- Motor restlessness
- Inability to stand or sit still
- Rocking and shifting of weight while standing

Dyskinesias
- Rhythmic clonic musculature contractions such as spasms, tics, involuntary muscle movements

Tardive dyskinesia
- Considered an irreversible syndrome
- Rhythmical, involuntary movement of tongue, lips, or jaw
- Chloreiform movements of extremities (jerky, purposeless movements)
- Athetoid movements of extremities (writhing, wormlike movements)

Side effects

Because many of these drugs cause drowsiness, they may affect a client's performance at daily tasks that require alertness, such as simple household chores and workshop activities. Observe with caution.

Other reactions include photosensitivity. Sunlight may cause easy sunburning. The urine may become discolored pink to reddish-brown. If fainting or dizziness occurs, avoid sudden changes in posture. Use caution in hot weather. These drugs may increase susceptibility to heatstroke. Liquid concentrates may cause skin allergies. Avoid their contact with the skin.

Notify the physician if the following occur:

- Sore throat
- Fever
- Unusual bleeding or burning
- Skin rash
- Weakness
- Tremors
- Impaired vision
- Dark-colored urine
- Pale stools
- Jaundice

Neuroleptic adverse effects
- Pseudo-parkinsonian
- Dystonic reactions
- Akathisia
- Dyskinesias
- Tardive dyskinesia

Autonomic
- Dry mouth
- Constipation
- Blurred near vision
- Urinary retention
- Delayed ejaculation

Central
- Sedation
- Toxic psychosis
- Seizures

- Cardiovascular
  - Orthostatic hypertension
  - ECG changes
- Endocrine
  - Amenorrhea
  - Galactorrhea
  - Gynecomastia
  - Weight change
- Pigmentation
  - Corneal, lenticular
  - Retinopathy
  - Skin
- Allergic
  - Skin
  - Hepatic
  - Hematologic

Anxiety

Anxiety — just the sheer mention of the word starts a cycle — perspiration, rigid and tight muscles, and worrisome thoughts. Each one of us knows anxiety and that it results from what we think is a threatening situation. It is a normal reaction to stress, which does not require drug management. Anxiety can, however, become a sickness when it is intense, is associated with multiple fears or sleep disturbance, aggravates other bodily functions, or destroys the ability to work. A client may present a catalogue of vague, obscure, and inconsistent complaints and symptoms.

The signs and behavior of a client suffering from extreme anxiety are easy to recognize. Pacing routinely or even frantically, or if seated, restless movement of the extremities is common. If verbal, the client may complain loudly of inner turmoil and terror.

Perspiration may be profuse; hyperventilation (quick breathing) is also very common. If the pulse can be taken, one would most likely notice a cold, clammy hand and a pulse that is rapid at 100-150 beats per minute. The outstretched hand may display a noticeable tremor.

In addition, the client may display extreme apprehension, become easily upset or easily distracted, be disinterested in work or play, and experience sleepless nights.

Sometimes anxiety exists alone. But it may also appear with other emotional disturbances such as schizophrenia or depression. The question with which we are sometimes faced is how much anxiety is healthy or normal?

To be fair, professionals have two opinions. Some people—who can be called *liberals* for lack of a better word—view antianxiety drugs as safe and effective. They do not feel that one should have to "put up with" the problems of anxiety. These people are striving for a happy client who is not blocked in the corner by fear, anxiety, and apprehension.

The other group—the *conservatives*, again for lack of a better word—feels that tranquilizers should not be used except in extreme situations. These people feel that if clients faced their problems without the help of tranquilizers, the clients would solve their problems much sooner.

Where does this leave us? Hopefully in the middle.

Antianxiety drugs

1. **Activan** (generic name *Lorazepam*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety associated with depressive symptoms.

2. **Centrax** (generic name *Prazepam*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms.

3. **Librium** (generic name *Chlordiazepoxide* for Libritabs tablets) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms.

4. **Serax** (generic name *Oxazepam*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms. However, anxiety associated with depression is responsive to Serax. This product has also been found

useful in the management of anxiety, tension, agitation, and irritability in older patients.

5. **Tranxene** (generic name *Clorazepate Dipotassium*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms. However, this drug can be used as adjunctive therapy in the management of partial seizures.

6. **Valium** (generic name *Diazepan*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms. However, it is a useful adjunct for the relief of skeletal muscle spasm due to reflex spasm to local pathology (such as inflammation of the muscles or joints); spasticity caused by upper motor neuron disorders (such as CP or paraplegia); athetosis; and stiff-man syndrome.

7. **Valrelease** (generic name *Diazepan*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms.

8. **Xanax** (generic name *Alprazolam*) — Indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety associated with depressive symptoms.

9. **Equanil** — This is an older medicine still used occasionally for the management of anxiety disorders.

Side effects

The number-one side effect of the antianxiety agents is drowsiness. This side effect is sometimes problematic in working with a client since alertness may be impaired.

These drugs also may cause stomach upset. If so, they may be taken with food or water.

Clients on long-term therapy or high doses may experience withdrawal symptoms if the medication is stopped abruptly. This may include nausea, vomiting, and a relapse of symptoms.

Antacids may slow the absorption of these drugs (esp. Valium and Librium). If at all possible, avoid giving these medications with antacids—wait at least one hour.

Depression

Depression and affective disorders, like schizophrenia and anxiety, can be classified into groups and subgroups.

1. Primary affective disorder
    a. Bipolar (manic depressive illness)
    b. Unipolar depression
        1) Single
        2) Recurrent
        3) Chronic
        4) Depressive personality
2. Secondary depressive disorders
    a. Other primary psychiatric disorders
        1) Schizophrenia
        2) Alcoholism
        3) Personality disorders
    b. Systemic diseases
        1) Central nervous system disorders
        2) Drug reactions
        3) Endocrine disorders
        4) Metabolic disorders
        5) Viral diseases

An exhaustive discussion of the different types of depression is not our primary interest. Therefore, we will limit this discussion to preliminary universal symptoms of depression.

The difference between depression as a clinical syndrome and a mildly altered mood such as sadness or unhappiness can be confusing. Sadness and unhappiness can be confusing. Sadness and unhappiness are normal and universal. Depression is an extreme intensification of sadness.

Depression as a clinical syndrome is a disorder characterized by lowered mood, reduced self-esteem, and a sense of self-depreciation, along with other signs and symptoms. Involved to a varying degree are feelings of inadequacy, guilt, helplessness, hopelessness, and shame. Other symptoms may include sleep and appetite disturbances, fatigue, inability to concentrate, and many other bodily sensations and complaints. The central component to this description/definition is the concept of *a reduced or diminished sense of self-esteem.*

Depression usually begins as a reaction to loss or a failure or some other disappointment. This is when clients become liable to how they imagine themselves in relation to their own consciences and the ideal selves they wish to achieve. Individuals at risk of developing depression are those who grow up with a sense of worthlessness, those who are extremely dependent upon the love and good will of others, or the overly conscientious, rigid perfectionists who demand that every task they perform be flawless.

In the setting of a room-and-board facility, we may see a client with depression alone or depression with anxiety or any other mixture one could conceive. Again, it becomes important to recognize target symptoms and the terminology used so that a meaningful presentation can be given to other members of the health care team.

Specific symptoms that may justify consideration of antidepressant therapy are listed below:

Diencephalic symptoms:
1. Sleep disturbance
2. Anorexia
3. Weight loss
4. Decreased libido
5. Lack of energy

Affective symptoms:

1. Dysphoric mood
2. Hopelessness
3. Pessimism
4. Social withdrawal
5. Suicidal ideation

The severity of the symptoms or problems is measured by how they affect the client's functional capabilities—or how they are limited.

Tricyclic antidepressants (TCAs)

1. **Adapin** (generic name *Doxepin*) — This drug has shown marked antianxiety and significant antidepressant effects. Is well tolerated by elderly patients. Target symptoms of psychoneurosis that respond particularly well include anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension, and worry. Because Adapin provides antidepressant as well as antianxiety effects, it is of particular value in patients in whom anxiety masks depression.

2. **Sinequan** (generic name *Doxepin*) — Recommended for the treatment of 1) psychoneurotic patients with depression and/or anxiety, (2) depression and/or anxiety associated with organic disease, (3) psychotic depressive disorders with associated anxiety including involutional depression and manic-depressive disorders.

3. **Asendin** (generic name *Amoxapin*) — Indicated for the relief of symptoms of depression in patients with neurotic or reactive depressive disorders as well as endogenous and psychotic depressions. It is indicated for depression accompanied by anxiety or agitation.

4. **Aventyl** (generic name *Nortriptyline*) — Indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

5. **Pamelor** (generic name *Nortriptyline*) — Indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

6. **Elvail** (generic name *Amitriptyline*) — Indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

7. **Endep** (generic name *Amitriptyline*) — Indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

8. **Ludiomil** (generic name *Maprotiline*) — Indicated for the treatment of depressive illness in patients with depressive neurosis (dysthmic disorder) and manic-depressive illness, depressed type (major depressive disorder). Also effective for the relief of anxiety associated with depression.

9. **Norpramin** (generic name *Desipramine*) — Indicated for relief of symptoms in various depressive syndromes, especially endogenous depression.

10. **Pertofrane** (generic name *Desipramine*) — Indicated for the relief of mental depression. Depressions most responsive are despondency, fatigue, lack of interest, helplessness, feelings of inferiority, psychomotor retardation, delusions of guilt and unworthiness, psychosomatic complaints, insomnia, anorexia, depression-related anxiety, and suicidal drive.

11. **Surmontil** (generic name *Trimipramine*) — Indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

12. **Tofranil** (generic name *Imipramine*) — Indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states. One to three weeks of treatment may be needed before optimal therapeutic effects are evident.

13. **Vivactil** (generic name *Protriptyline*) — Indicated for the treatment of symptoms of mental depression in patients who are under close medical supervision. Its activating properties make it particularly suitable for withdrawn and anergic patients.

Target symptoms of depression

Once treatment has begun, the primary caregiver again will be the first to notice change. The target symptoms that should be observed include:

Sleep disturbance — Unable to sleep.

Anorexia nervosa — A syndrome marked by severe and prolonged loss of appetite with marked weight loss and other symptoms resulting from emotional conflict.

Fatigue — Physical or mental weariness.

Decreased libido — Libido is the psychic drive or energy usually associated with the sexual instinct. (Sexual is used here in the broad sense to include pleasure and love-object seeking.)

Pessimism — A tendency to take the gloomiest possible view of a situation.

Hopelessness — Having no possibility of a situation, despairing.

Preoccupation — A thought that engrosses the mind.

Suicidal ideation — The formation of the idea of suicide.

Poor grooming — Clothing and hair in disarray.

Delusions — A false belief out of keeping with the individual's level of knowledge and cultural group. The belief is maintained against logical argument and despite objective contradictory evidence.

Psychomotor agitation — A generalized constant movement of extremities.

Psychomotor retardation — A generalized retardation of physical and emotional reactions.

Side effects

Adapin or Sinegnan (Doxepin) is the only antidepressant that also has antianxiety actions.

These drugs are not to be abruptly discontinued. Abrupt withdrawal may cause nausea, headache, and a general feeling of ill health (malaise).

All of these medications may cause drowsiness, dizziness, or blurred vision. Clients should be observed closely for impairment in functions requiring alertness—from daily living skills to workshop activities.

Avoid prolonged exposure to the sun. These agents (like the antipsychotics) may cause sensitivity to the sun or cause a client to sunburn easily.

Notify the physician if the following occur:

Dry mouth
Difficulty in urination
Excessive sedation

Other antidepressants

1. **Desyrel** (generic name *Trazodone*) — Indicated for treatment of depression with and without prominent anxiety.

   NOTE: This medication is best if taken with food to enhance absorption and decrease dizziness and lightheadedness. Again, this drug may cause drowsiness and dizziness, and a client starting this medication should be observed closely.

   Notify the physician if the following side effects become a problem:

   Dizziness
   Lightheadedness
   Fainting
   Blood in the urine
   Dry mouth
   Irregular heartbeat
   Shortness of breath
   Nausea or vomiting

2. **Marplan** (generic name *Isocarboxazid*) — "Probably" effective for the treatment of depressed patients who are refractory to tricyclic antidepressants or electroconvulsive therapy and depressed patients in whom tricyclic antidepressants are contraindicated.

3. **Nardil** (generic name *Phenelzine*) — Nardil has been found to be effective in depressed patients clinically characterized as "atypical," "nonendogenous," or "neurotic." These patients often have mixed anxiety and depression and phobic or hypochondriacal features. There is less conclusive evidence of its usefulness with severely depressed patients with endogenous features. Nardil should rarely be the first antidepressant drug used. Rather, it is more suitable for use

with patients who have failed to respond to the drugs more commonly used for these conditions.

4. **Parnate** (generic name *Tranyleypromine*) — Probably effective for symptomatic relief of severe reaction or endogenous depression in hospitalized or closely supervised patients who have not responded to other antidepressant therapy.

WARNING
Medications 2-4 (Marplan, Nardil, and Parnate) are extremely potent and require special attention in relation to food and diet. If a client is to use this medication in your facility, contact the physician for specific instruction on times of administration and specific dietary guidelines.

Adapted from *Medication Administration Training*. Used with permission.

SUPPLEMENT 11

Measure Liquid Medications

INTRODUCTION

One of the most important aspects of administering medications is making sure that the client gets an accurate amount. When you are administering solid medications, this factor is not much of a problem. All you have to do is count the correct number of tablets or capsules. But when you are administering liquid medications, you must measure the amount accurately with a medicine glass or cup. An inaccurate measurement could harm the client or cause a reaction.

Most liquid medications are measured either by milliliters (ml) or cubic centimeters (cc), ounces, teaspoons, or tablespoons. Most medicine glasses are marked with both metric and English (household) units. If, however, you use one that does not have both, you can easily find equivalent amounts, as shown in the table below.

1milliliter (ML) = 1 cubic centimeter (cc)
5 ml = 1 teaspoon (tsp)
15 ml = 1/2 ounce (oz)
15 ml = 1 tablespoon (tbsp)
30 ml = 1 oz
30 ml = 2 tbsp
3 teaspoons = 1 tablespoon

GUIDELINES

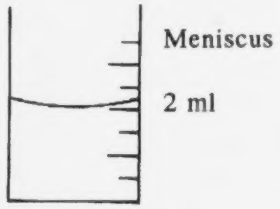
- Always measure liquids to the bottom of the meniscus
- Never pour extra medication back into the bottle
- Never use an "eating" spoon to measure medications
- Always wash the measuring device after using it

EQUIPMENT AND MATERIALS

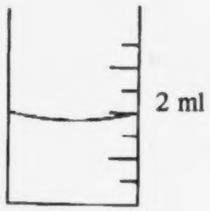
- Medicine glass or cup and other measuring devices
- Colored water or other liquid

PROCEDURE

1. Check medication label for dosage
2. Open medication bottle
3. Find the proper mark on the measuring cup or glass
4. Place your thumbnail on the mark
5. Hold the medicine glass or cup at eye level
6. Pour the medication so that the meniscus lines up with the proper mark



Accurate 2 ml



Inaccurate 2ml

NOTE: Hold the medicine bottle with the label facing your palm so that medication does not run down the label.

WARNING

If you accidentally pour too much, do not pour the excess back into the medicine bottle. Pour it down a sink.

7. Wipe off the outside of the bottle with a clean paper towel and replace the cap

PRACTICE EXERCISES

Compute the equivalents for the following amounts:

3 tsp = ________ ml = ________ oz

1 tsp = ________ cc = ________ ml

1/2 oz = ________ ml = ________ tsp

1 oz = ________ tsp = ________ ml

1 tbsp = ________ ml = ________ tsp

SUPPLEMENT 12

Put on Sterile Gloves

INTRODUCTION

Certain medications, such as topical ointments with sterile dressings, must be administered while the caregiver is wearing sterile gloves. Sterile gloves protect the client as well as the caregiver from harmful bacteria and other microorganisms. In order for the gloves to remain sterile, the caregiver must follow the correct procedure for putting them on.

SUPPLIES

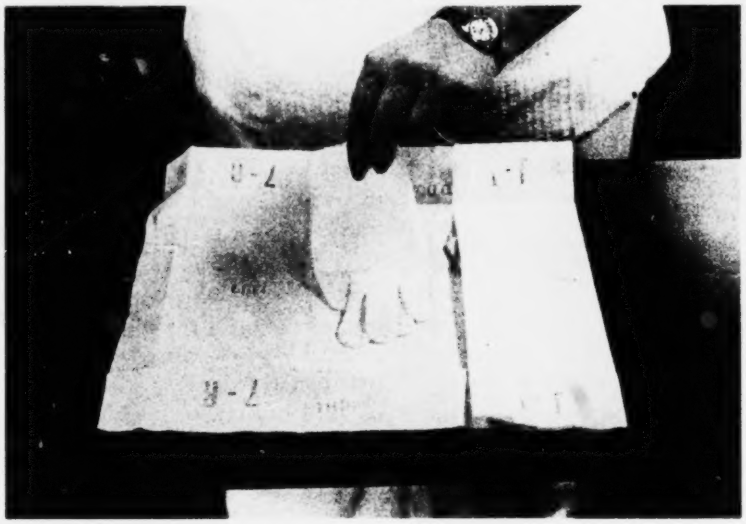
- Package of sterile gloves
- Soap
- Paper towels

PROCEDURE

1. Wash hands
2. **Open sterile glove wrapper, touching only the outside**

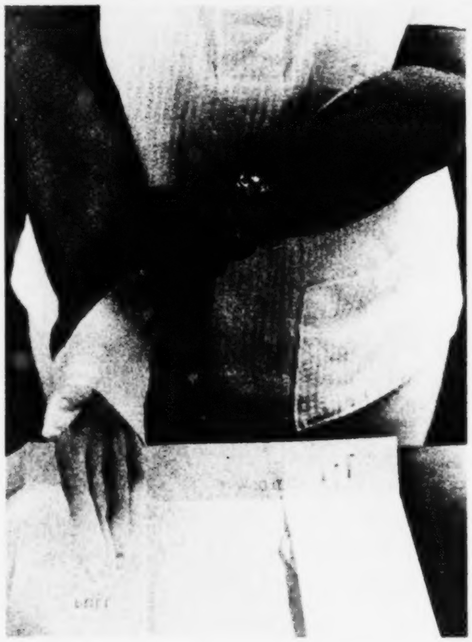
3. Scrub hands for two minutes, using brush, soap and water as needed
4. Rinse and dry hands

5. Remove one glove from wrapper by grasping cuff on the fold



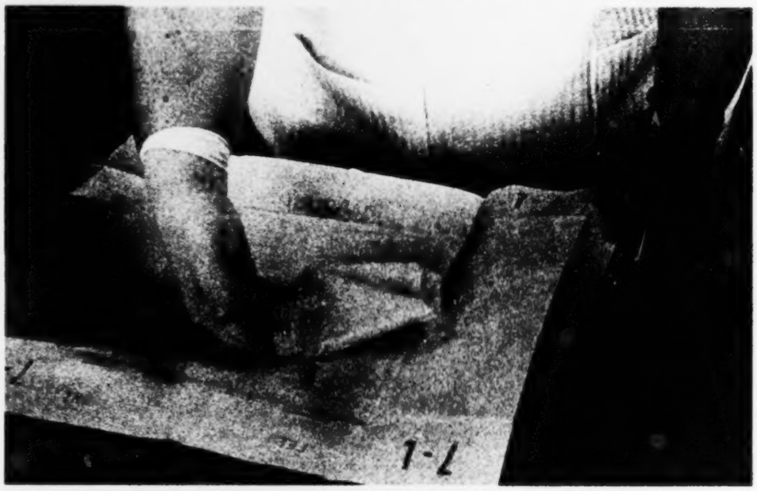
6. Put glove on by pulling on folded edge of cuff

WARNING
Do not touch outside of glove with fingers of ungloved hand.

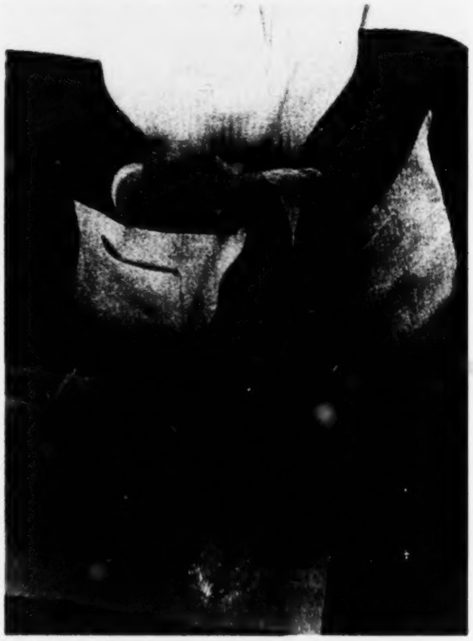


7. Remove second glove from wrapper by slipping gloved fingers inside the folded cuff

WARNING
Do not touch gloved hand to outside of unsterile wrapper.



8. Pull on second glove, taking care not to touch outside of gloved fingers to ungloved hand



9. Adjust fingers as necessary

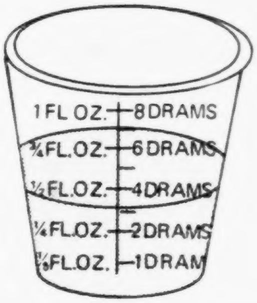
OBJECTIVE 4

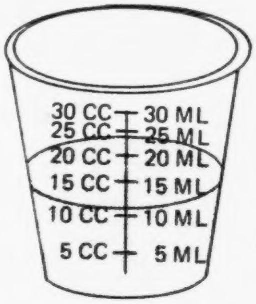
Administer oral medications

INTRODUCTION AND GUIDELINES

Oral medication may be a tablet, a capsule, or a liquid, and it may be given in one of several ways. It may be swallowed, it may be allowed to dissolve under the tongue (sublingual), or it may be allowed to dissolve next to the cheek (buccal). The way it is given is not a choice for you or the client to make; you and the client must follow the physician's orders.

If oral medication is in liquid form, you will have to measure the liquid carefully into a medicine glass or other measuring utensil.





- Follow guidelines given in Student Supplement 2, "Guidelines for Giving Medications"
- Follow exactly the physician's instructions on medication label, including whether to give fluids (water, milk, fruit juice?) to help swallow solid medications or whether to mix crushed tablets with soft foods, ice cream, etc.
- Mix liquid or crushed medication with a semisolid food such as applesauce or gelatin for clients who have difficulty swallowing tablets or capsules and whose diet permits those foods
- Explain to the client in simple terms what you are going to do and what you want the client to do

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- Position client to make swallowing easy

  NOTE: Some clients may have to be helped into special positions for taking oral medications. Check the care plan for specific instructions.

- Pour glass of water, if allowed, before giving client the medication so that it will be ready when needed

- For a client who has trouble swallowing tablets, give a sip of water before the tablet

- Except with cough medicines or unless the label or care plan advises against taking fluids with the medication, give the client one-half to a whole glass of water after the medication

- Never dilute cough medicine; after taking it, client should avoid eating or drinking anything for 15 to 30 minutes to get the most benefit from medication

- Give client liquid medication with a straw if necessary or desired

  NOTE: Some types of medications—such as iron and acid—may discolor or destroy tooth enamel over a long period of time if they are allowed direct contact with the teeth.

An Alternative for Reluctant Pill Swallowers

For whatever reason, some people simply cannot swallow pills. Are they forever destined to take liquid medication or injections?

The answer is...no. there is another way: crushed tablets. You can crush a pill or tablet by pounding it, using mortar and pestle or some substitute.

You can also crush a pill or tablet by placing it in the bowl of a spoon, placing the bowl of another spoon on top of it, and pressing the two bowls together firmly.

The crushed tablet can be mixed with an easy-to-swallow food such as applesauce. Your client now will have an easier time taking tablet-type medication.

Do check the care plan and check with the primary caregiver before using this method of giving oral medications. Some foods may not be suitable for your client. Always follow what is appropriate for the client.

- Give liquid medications slowly
- Avoid touching the medication itself; pour tablets or capsules into lid of medicine bottle or into a medicine cup, not into your hand
- Count accurately the number of tablets or capsules your client is to receive
- Avoid scraping client's teeth with the medicine glass or other measuring utensil
- If client is taking more than one medication, give the more important medication first
- In general, give only one medication at a time; allow a moment of rest between each, especially for elderly clients or children

  NOTE: Ask client if he or she prefers taking all pills at once or singly.
- If you suspect that the client has not swallowed the medication, you can encourage the client to talk, or press gently on client's lower jaw to open the mouth for you to see inside the mouth

Reluctant Pill Swallowers (Continued)

What about capsules? Can you crush a capsule for someone who cannot swallow pills?

Crushing is not necessary. Many times a capsule is used only because the medication itself is not pleasant tasting. If your client would rather risk an unpleasant taste than swallow a capsule, you can open the capsule.

In some cases you can disguise the medication's taste. For example, you mix the medication with a soft food such as applesauce, or mix it with a little bit of syrup or honey diluted with a small amount of water. Follow the guidelines in your client's care plan.

You do not want to crush timed-release medication or enteric-coated tablets because you would probably crush the coating that makes it slow to dissolve.

If client is a child...

- Check with parents for best way to get child to swallow and ask if child often spits out medication
- Elevate an infant's head before giving oral medication
- Give an infant liquid medication through a regular nipple, medicine dropper, or needleless syringe
- Give only a few drops of liquid medication at a time to an infant (put drop on back of tongue)
- If you think that the liquid medication you have just given will run out of the infant's (or child's) mouth, gently hold the infant's lips together
- Position infant on his or her side. Do not leave an infant on his/her back after giving medication
- Never hold child's nose to force swallowing
- Allow a small child who is cup feeding to help hold the medicine cup, dropper, or syringe
- Give medication slowly and in small amounts to prevent child from inhaling it into the lungs
- Crush all tablets for infants or small children; if child's diet allows, mix crushed tablet with a small amount of corn syrup or honey diluted with a little bit of water
- Check child's mouth to see if child swallowed medication

EQUIPMENT AND MATERIALS

For a liquid medication

- Bottle of medication
- Medicine glass, needleless syringe, eyedropper with graduated markings, or other measuring utensil

PROCEDURE

1. Check care plan, medical consent form, and medical release form before administering any medication
2. Wash hands

3. Obtain bottle of medication and medicine glass

4. Check label for "rights" of medication

    a. Right person
    b. Right medication
    c Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

5. Explain procedure to client

6. Position client to make swallowing easy

    WARNING
    Review care plan for proper positioning for your client.

7. Prepare dosage

    a. Shake liquid medication, if needed, before measuring

    b. If you are using a medicine glass:

        1) Place thumbnail on medicine glass at the correct dosage level to mark how much liquid to pour

        2) Hold medicine glass straight and at eye level when measuring liquids

        3) Pour from side opposite label to avoid soiling label

        4) Wipe neck of bottle, if necessary, after pouring liquid

    c. If you are using an oral (needleless) syringe:

        1) Put tip of syringe into liquid medication

        2) Holding syringe with one hand, pull back plunger with other hand until liquid fills barrel of syringe to the correct dosage

            NOTE: If an air bubble is in the syringe, push it out and remeasure.

3) Remove syringe from bottle

d. If you are using an eyedropper:

1) Put tip of eyedropper into liquid medication, squeeze bulb

2) Release bulb so that liquid can fill barrel of eyedropper to correct dosage

3) Remove eyedropper from liquid

8. Give medication to client

a. If you are using a medicine glass:

1) Hand medicine glass to client; assist client as needed

NOTE: You may need to remind some clients to tilt back the head slightly as they tilt up the medicine glass.

2) Instruct client to swallow the medication; remain with client until medication is taken

3) Remove bottle of medication and medicine glass

b. If you are using a needleless syringe or an eyedropper with graduated markings:

1) Place tip of syringe/eyedropper between the inside of client's cheek and the tongue

2) Press plunger/bulb slowly to release medication

3) Assist client as needed to encourage swallowing

c. Gently press an infant's cheeks to keep infant from pushing out medicine with tongue

NOTE: Check with parents to find out best way to get infant to swallow.

d. Stroke client's neck if needed to encourage swallowing

9. Observe client for side effects such as drowsiness, nausea, or hyperactivity

10. Document type of medication, time administered, and any side effects

11. Store medication

    a. Remove bottle of medication and medicine glass or needleless syringe/eyedropper

    b. Return medication to proper storage

    c. Wash or dispose of syringe/eyedropper

12. Clear area of equipment

13. Wash hands

EQUIPMENT AND MATERIALS

For pill medications to be swallowed

- Bottle of medication
- Glass of water (or fruit juice if allowed with medication)

PROCEDURE

1. Check care plan, medical consent form, and medical release form before you administer any medication

2. Wash hands

3. Take bottle of medication and glass of water to client

4. Check label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

5. Explain procedure to client

6. Position client to make swallowing easy

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NOTE: Check care plan for proper positioning for your client.

7. Pour correct number of tablets or capsules into lid of medicine bottle

8. Give medication and glass of water to client

9. Instruct client to chew pill **if indicated on label**

10. Instruct client to swallow medication with the water

11. Remain with client until medication is taken

12. Observe client for side effects such as drowsiness, nausea, or hyperactivity

13. Document type of medication, time administered, and any side effects

14. Store medication in proper place

15. Clear area of equipment; wash glass

16. Wash hands

EQUIPMENT

For sublingual or buccal medication

- Bottle of medication
- Clean, disposable gloves

PROCEDURE

1. Check care plan, medical consent form, and medical release form

2. Wash hands

3. Obtain bottle of medication

4. Check label for "rights" of medication

   a. Right person
   b. Right medication
   c. Right dosage form

   d. Right amount
   e. Right route of administration
   f. Right time and date

5. Explain procedure to client

6. Position client

7. Put on gloves

8. Pour correct amount of medication into lid of bottle

9. Assist client as needed to place medication under client's tongue (sublingual) or between the gum and cheek (buccal)

10. Remain with client until medication dissolves

11. Observe client for side effects

12. Remove and dispose of gloves

13. Document type of medication, time administered, and any side effects

14. Return bottle of medication to correct storage

15. Clear area of equipment

16. Wash hands

EQUIPMENT

For inhalants

- Inhaler or atomizer
- Stopwatch, timer, or watch with second hand

PROCEDURE

1. Check care plan, medical consent form, and medical release form before administering any medication

2. Wash hands

3. Obtain atomizer

4. Check label for "rights" of medication

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   a. Right person
   b. Right medication
   c. Right dosage form
   d. Right amount
   e. Right route of administration
   f. Right time and date

5. Explain to client exactly what you are going to do or what you want the client to do

6. Help client into an upright position

7. Shake the atomizer well

   NOTE: Do not test spray the atomizer; doing so will reduce the number of doses the client receives.

8. Instruct the client to exhale or breathe out fully

9. **IMMEDIATELY** place the mouthpiece over the client's tongue and well into client's mouth, making sure that client's lips seal tightly around the mouthpiece

10. As you press the atomizer between your thumb and forefinger, have the client breathe in deeply through his or her mouth. You may have to seal the nostrils by gently pinching them between your thumb and forefinger

11. Have the client continue inhaling deeply so that the medicine goes deep into the lungs

12. Remove the atomizer from the client's mouth and have him or her breathe out gently

13. Wait 60 seconds before the second puff and repeat steps 7-12

14. Observe client for side effects

15. Document type of medication, time administered, and any side effects

16. Replace atomizer in proper place

17. Clear area of equipment

18. Wash hands

PROCEDURE SHEET 2 | **BASIC RESPITE CARE ADMINISTER MEDICATIONS**

OBJECTIVE 5

Administer topical medications

INTRODUCTION AND GUIDELINES

A topical, or local, medication is applied to a specific area of the body to treat an infection, relieve pain, or cleanse a wound. Lotions, ointments, and medicated dressings are all examples of topical medications.

Some topical medications are spread on dressings that are then applied to affected areas. Some medications are spread directly on the skin; some are to be rubbed in vigorously; some liquids are allowed to wash over or flow through a body part. Follow the directions for your client's medication. If your **client is a child, cover the medication with a bandage to keep the child from eating the medication.**

EQUIPMENT AND MATERIALS

For medicated wet dressings

- Medicated solution
- Basin
- Dressings
- Bed protector if needed
- Clean or sterile gloves as needed
- Tray for equipment

PROCEDURE

1. Check care plan, medical consent form, and medical release form before giving any kind of medication

2. Wash hands

3. Assemble equipment

4. Check "rights" of medication

   a. Right person
   b. Right medication
   c. Right dosage form
   d. Right amount
   e. Right route of administration
   f. Right time and date

5. Prepare solution according to directions
6. Explain procedure to client
7. Provide privacy
8. Place bed protectors if needed
9. Position client as needed for application of dressings
10. Put on gloves
11. Saturate dressing with medication; press out excess moisture so that dressing is uniformly moistened but not wet enough to drip
12. Place moistened dressing on client
13. Wrap the affected part loosely, just enough to hold moistened dressing in place; do not cover wet dressing unless indicated by instructions
14. Provide additional cover as needed
15. Check dressings often during treatment; remove and reapply as often as needed to maintain moisture
16. Each time dressings are removed, observe affected area for symptoms of irritation
17. Remove dressings at end of treatment
18. Pat skin dry, using as little friction as possible
19. Apply dry dressing as required
20. Remove gloves
21. Provide for client comfort
22. Observe client for any side effects
23. Document type of medication, time administered, and any side effects

24. Return equipment to storage

25. Dispose of used dressings

26. Wash hands

EQUIPMENT AND MATERIALS

For other topical medication

- Medication
- Dressings if required
- Clean or sterile gloves as needed
- Tongue depressors, cotton swabs, or cotton balls, or other applicators
- Tray for equipment

PROCEDURE

1. Check care plan, medical consent form, and medical release form before giving any medication

2. Wash hands

3. Assemble equipment

4. Check "rights" of medication

   a. Right person
   b. Right medication
   c. Right dosage form
   d. Right amount
   e. Right route of administration
   f. Right time and date

5. Check directions to determine

   a. If dressings are needed
   b. If gloves are needed
   c. Method of application
   d. If medication is to be applied sparingly or generously

6. Explain procedure to client

7. Provide privacy

8. Place bed protectors if needed

9. Position client
10. Expose area to be treated
11. Put on gloves if needed
12. Apply medication according to directions, using tongue depressors, cotton swabs, or cotton balls as needed
13. Apply dressing if needed or if client is a child
14. Provide for client comfort
15. Remove gloves
16. Observe client for side effects
17. Document type of medication, time administered, and any side effects
18. Dispose of used supplies such as dressings, gloves, tongue depressors, cotton swabs
19. Wash hands

OBJECTIVE 6

Insert a rectal or vaginal suppository

INTRODUCTION AND GUIDELINES

Some types of medication are introduced into the body through the rectum or vagina. For example, someone who is extremely nauseated may not be able to keep down oral medication long enough for it to work; a more effective way to supply the needed medication may be in a rectal suppository.

A suppository is a semisolid substance, usually in the shape of a cylinder or a cone, that melts at body temperature. Usually placed in the rectum or vagina, a suppository may be used to relieve nausea, inflammation, pain, or fever.

- If the suppository seems to be too soft or warm for insertion, hold foil-wrapped suppository under cold water before unwrapping it
- Store suppositories in the refrigerator to retain their shape and firmness
- Before inserting a rectal suppository, encourage client to have a bowel movement
- Before inserting a vaginal suppository, encourage client to empty her bladder
- Do not use mineral oil or petroleum jelly as a lubricant for a rectal suppository; if a water-soluble lubricant is not available, place a little bit of tap water on the anus
- If you encounter a fecal impaction while inserting a rectal suppository, call the consulting physician or nurse before continuing with the insertion

EQUIPMENT AND MATERIALS

For inserting a rectal suppository

- Suppository
- Water-soluble lubricant, as needed
- Disposable examination gloves
- Disposable underpad

- Washable or disposable covering such as a sheet
- Tissues
- Bedpan if client is bedfast

PROCEDURE

For inserting a rectal suppository

1. Check care plan, medical consent form, and medical release form before giving any kind of medication

2. Encourage client to have a bowel movement before insertion of suppository

3. Wash hands

4. Gather equipment and supplies

5. Check medication label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

6. Check directions for information

7. Explain procedure to client

8. Provide privacy

9. Position underpad

10. Help client lie on his or her left side, with upper chest against bed to support client's weight, and with right knee bent and drawn forward

    NOTE: Check care plan for any special positioning for your client.

11. Cover client with sheet, exposing only the buttocks

12. Put on disposable gloves

13. Unwrap suppository

14. Lubricate suppository if indicated

15. Lubricate gloved index finger (for adult) or little finger (for infant)

16. Separate buttocks slightly to expose anus

17. Using gloved index finger, gently insert suppository about an inch past the rectal sphincter into the rectum, next to mucous membrane, not into a fecal mass

18. Using a tissue, apply pressure over anus until client no longer has a desire to expel the medication

19. If client is a child, hold child's buttocks together for 5 to 10 minutes to allow suppository to melt

20. Cleanse anal area with tissues

21. Advise client to remain in that same position for 15 to 20 minutes, depending on medication instructions

22. Provide for client's comfort

23. Remain with client until medication dissolves

24. Observe client for side effects

25. Document type of medication, time administered, and any side effects

26. Discard tissues, gloves, and underpad

27. Return equipment to storage

28. Wash hands

EQUIPMENT AND MATERIALS

For inserting a vaginal suppository

- Suppository
- Lubricant
- Cleansing agent

- Sterile gloves
- Disposable underpad
- Sanitary pad
- Cotton balls
- Tap water
- Pillow
- Bedpan if client is bedfast

PROCEDURE

For inserting a vaginal suppository

1. Check care plan, medical consent form, and medical release form before giving any kind of medication

2. Wash hands

3. Assemble equipment

4. Check medication label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

5. Check directions for information

6. Encourage client to void

7. Explain procedure to client

8. Provide privacy

9. Place disposable underpad on bed beneath client

10. Help client to a position on her back with knees drawn up and bent out to the sides

    NOTE: Refer to care plan for any special positioning for your client.

11. Put on gloves

12. Cover client, exposing only vaginal area
13. Cleanse vaginal area, using cotton balls and cleanser, and wiping down from top of vaginal area
14. Unwrap vaginal suppository
15. Lubricate smooth end of suppository
16. Lubricate gloved index finger
17. Expose vaginal opening by separating the surrounding folds of tissue
18. Using gloved index finger, insert suppository 3 or 4 inches into the vagina
19. Rinse vaginal area, using cotton balls dampened with tap water, wiping down from top of vaginal area
20. Apply sanitary pad
21. Place pillow under client's hips
22. Advise client to remain in that position for 15 to 30 minutes
23. Provide for client's comfort
24. Remain with client until medication dissolves
25. Observe client for side effects
26. Document type of medication, time administered, and any side effects
27. Return equipment
28. Discard disposables and clean area
29. Wash hands

OBJECTIVE 7 **Administer an enema**

INTRODUCTION AND GUIDELINES

NEVER GIVE AN ENEMA WITHOUT A PHYSICIAN'S ORDER.

An enema is one way to introduce medication into the body. The medication is mixed with a liquid and then allowed to flow through a tube into the rectum. The solution is usually held in the rectum for a while to allow the lining of the rectum to absorb the medication. This type of enema is called a **retention enema.**

Enemas are also used for cleansing or for preparing for some types of x rays. Because a cleansing enema is often prescribed before giving a retention enema, this procedure sheet includes steps for both **cleansing and retention enemas**. The main differences between these two types of enemas are the solutions—both content and amount—and the length of time the solutions stay in the body.

As a respite care worker, you may or may not have to mix an enema solution. Many medications are already in liquid form and do not need to be diluted. Some enema solutions are already mixed and prepackaged in a disposable unit. Other solutions may be given in a bucket-type apparatus.

The care plan will indicate the type and amount of solution. Quantity of fluid given in an enema varies with the age of client and type of enema. See Table 1 for an idea of variations in amount for a **cleansing** enema.

TABLE 1

Age	Amount in Milliliters (ml)
Infant	150-250
Young child	250-350
Older child	350-500
Adolescent	500-750
Adult	750-1000

To increase the probability that the client will retain the solution for a retention enema, the amount given will be much smaller than for a cleansing enema. Remember to follow the instructions on your client's care plan.

Amount of solution

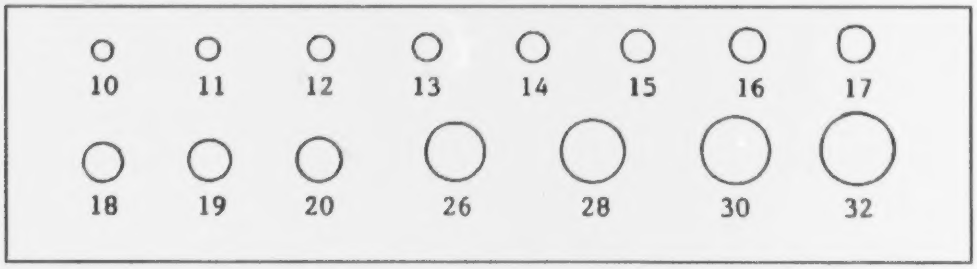
- For an adult, the solution for a **retention** enema is usually less than 200 milliliters; for a **cleansing** enema, it is less than 1000 milliliters (one quart).
- A small amount of solution for a cleansing enema may be just as effective as the full amount. Give only as much as client seems to tolerate well; be sure to stop if client indicates any cramping or discomfort.
- To help a client with paraplegia or quadriplegia retain enough solution for it to work properly, slowly give only 30 to 60 milliliters (1 to 2 ounces), stop for a few minutes, then slowly give that much more.

Position of client

- A client is usually lying on his or her left side for an enema because the descending colon is on the left side of the abdomen. Fluid, however, also runs into the colon easily from the right side. In fact, a client in traction can have an enema lying on his or her back.
- Do not try to give an enema while client is sitting up. A client who is sitting up will not be able to retain the solution long enough for it to be effective.

Size of tube

- Rectal tubes, which come in different sizes for different ages and purposes, are sized according to the French catheter scale (Fr).
- An enema for an infant would use a size 10 to 14 Fr catheter instead of a rectal tube.
- A rectal tube for a child would be size 14 to 16 Fr.



- Retention enemas use smaller tubes than cleansing enemas because larger tubes stimulate the anal sphincter to expel the solution.

- A rectal tube for an adult's **retention** enema would be size 14 to 20 Fr. A tube for an adult's **cleansing** enema would be a size from 26 to 32 Fr.

Temperature of solution

- The solution should be approximately at body temperature when it reaches the colon.

- If you are mixing a solution yourself, check that the temperature of the solution is not warmer than 105° F (37.2° C); a solution much warmer than that can injure the lining of the intestine.

  NOTE: Because of lack of sensory control in the rectum of a child or a client with a spinal cord injury (paraplegia or quadriplegia), be especially careful of solution temperature.

- Store premixed enema solutions at room temperature, never in a cool place.

Height of container

- Raising the container increases the force of fluid flowing through the rectal tube; lowering the container decreases that force. The greater force increases the tendency to expel the enema solution. A retention enema needs lower force to make retaining the solution easier for the client.

Bedpan

- If client is a child or has a spinal cord injury or otherwise cannot retain an enema solution, place a bedpan under the client before beginning to give a cleansing enema.

- You can help make a client more comfortable while on a bedpan by putting a pillow under client's head and another pillow under small of client's back.

Counter-indications

- Do not give an enema if client has nausea, is vomiting, or has abdominal pain; consult physician.

EQUIPMENT AND MATERIALS

For giving a prepackaged cleansing or retention enema

- Prepackaged enema solution in disposable unit
- Lubricant
- Disposable examination gloves

- Disposable underpad
- Toilet tissue
- Washable or disposable covering such as a sheet
- Bedpan (or diaper for an infant)
- Wastebasket

PROCEDURE

For giving a prepackaged cleansing or retention enema

1. Check care plan, medical consent form, and medical release form

2. Wash hands

3. Assemble equipment

4. Check medication label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

5. Check directions for information

6. Explain procedure to client

7. Provide privacy

8. Replace top covers with washable or disposable cover

9. Position underpad under client's buttocks

10. Help client into position:

    NOTE: Check care plan for any special positioning for your client.

    a. **Adult or older child:**

        1) Client lies on left side
        2) Chest is against bed to support client's weight
        3) Right knee is bent and drawn forward

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b. **Infant or young child:**

   1) Child lies on back
   2) Pillow is under head and back
   3) Bedpan or diaper is under client's buttocks

11. Remove enema unit from carton; remove and discard protective covering from rectal tube of disposable enema unit. Read instructions for precautions.

12. Arrange sheet over client so that only the buttocks are exposed

13. Put on disposable examination gloves

14. Lubricate rectal tube unless the prepackaged tube has already been lubricated

15. Squeeze container of enema solution to get solution into tip of tube

16. Separate buttocks slightly to expose anal area

17. Gently insert tip of tube 2 or 3 inches into rectum while informing client of procedure

18. Holding solution container at an angle to keep solution flowing into tube (this avoids air bubbles), allow solution to flow into rectum by squeezing and rolling container in a twisting, spiral motion until container is almost—but not quite—empty

    NOTE: A small amount of the solution will remain in the unit.

19. Remove tube slowly while informing client of procedure

20. Encourage client to breathe deeply and to retain the solution

    NOTE: An infant or small child may be unable to hold in the solution. You can press the child's buttocks together for a short time to help the child retain the solution longer.

21. Leave underpad in place under client's buttocks

22. Provide bedpan or assist client to bedside commode or to bathroom; apply diaper to infant

23. Place toilet tissue within client's reach

24. If appropriate, leave the client alone for a while on the bedpan, on the commode, or in the bathroom; remain within the sound of client's voice

25. When client is ready, remove bedpan or assist client from the commode or bathroom

26. Help client wash hands

27. Assist with thorough cleansing and drying of buttocks, if needed

28. Empty bedpan into toilet

29. Remove washable or disposable cover and replace original covers

30. Provide for client's comfort

31. Remove gloves

32. Observe client for side effects

33. Document type of medication, time administered, and any side effects

34. Store equipment, medicine

35. Clean area, dispose of equipment and container properly

36. Wash hands

EQUIPMENT AND MATERIALS

For giving a bucket-type cleansing or retention enema

- Solution contents as prescribed
- Enema bucket with tubing and clamp
- Rectal tube (appropriate size for client)
- Lubricant
- Disposable examination gloves

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- Disposable underpad
- Washable or disposable covering such as a sheet
- Bedpan (or diaper for an infant)
- Toilet tissue
- Emesis basin or other disposable plastic or glass container
- Bath thermometer if needed
- Wastebasket

PROCEDURE

For giving a bucket-type cleansing or retention enema

1. Check care plan, medical consent form, and medical release form

2. Wash hands

3. Assemble equipment, using appropriate rectal tube

4. Check medication label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date

5. Prepare solution as prescribed

    NOTE: If solution is prepared with hot water, use the bath thermometer to check that solution is cooler than 105° F (37.2° C).

6. Provide privacy

7. Explain procedure to client

8. Replace top covers with washable or disposable cover

9. Position underpad under client's buttocks

10. Help client into position

    NOTE: Check care plan for any special positioning for your client.

a. **Adult or older child:**

   1) Client lies on left side
   2) Chest is against bed to support client's weight
   3) Right knee is bent and drawn forward

b. **Infant or young child:**

   1) Child lies on back
   2) Pillow is under head and back
   3) Bedpan or diaper is under client's buttocks

11. Arrange sheet over client so that only the buttocks are exposed

12. Put on disposable examination gloves

13. Lubricate 2 or 3 inches of tip of rectal tube, using lubricant on a piece of toilet tissue

14. Allow a small amount of solution to flow into the emesis basin or bedpan to get the air and cooled solution through the tubing

15. Clamp or pinch tubing

16. Separate buttocks slightly to expose anal area

17. Slowly and gently insert tip of tube 1 1/2 to 3 inches into rectum, just within the anal sphincter, while informing client of procedure; hold tube in place

18. Hang or hold solution container 12 to 18 inches above the anus for a **cleansing** enema or 8 inches or less above the anus for a **retention** enema

    NOTE: The lower height of container for a retention enema causes less pressure than for a cleansing enema and helps the client retain the solution.

19. Instruct client to breathe deeply through the mouth and to tell of any cramping or discomfort that occurs

20. Release clamp on tubing, allowing solution to run in slowly

21. Regulate the flow of solution by pinching off the tube occasionally and lowering the container, still keeping container above level of client's hips

22. Clamp off tubing when most—but not all—of the solution has been given or when client indicates discomfort

    NOTE: A small amount of solution will remain in the container. Clamping off the tubing **before** all the solution is out of the container prevents air from reaching the client.

23. Withdraw rectal tube slowly while informing client of procedure

24. Cover rectal tube with tissue; place it in emesis basin

25. If client is an infant or small child, hold the buttocks together for a short time to help client retain a retention enema

    NOTE: An infant or small child will be unable to retain the solution because of lack of sensory control in the rectum.

26. Provide bedpan or assist client to bedside commode or to bathroom; apply diaper to infant

27. Place toilet tissue within client's reach

28. If appropriate, leave the client alone for a while on the bedpan, on the commode, or in the bathroom; remain within the sound of client's voice

29. When client is ready, remove bedpan or assist client from the commode or bathroom

30. Assist with thorough cleansing and drying of buttocks, if needed

31. Help client wash hands

32. Empty bedpan into toilet

33. Remove washable or disposable cover and replace original covers

34. Provide for client's comfort

35. Remove gloves

36. Observe client for side effects

37. Document type of medication, time administered, and any side effects

38. Store equipment, medication

39. Clean area

40. Cleanse enema bucket, tube, clamp, and rectal tube by washing them with hot soapy water and then pouring boiling water over them

41. Wash hands

OBJECTIVE 8

Administer eye, ear, and nose medications

INTRODUCTION AND GUIDELINES

A number of medications are administered by placing them directly on the affected area. Eye drops, ear medications, and nasal sprays all fall into this category. Although these medications are administered outside of the body, they are still an important part of the client's care plan and should be administered with as much care as any other medication.

Eye medications

The most important consideration when administering eye medications is to use aseptic technique. Your hands, the medication, the dispenser, and all supplies used in giving eye medications must be free of germs. An infection of the eye can be quite dangerous and can result in loss of vision.

- Make sure any drug that you use for the eye is clearly marked "for ophthalmic use" before you administer it
- If client is an infant, use sterile cotton balls to help open the infant's eyelids
- Avoid using eyecups; they can spread infection easily

Ear medications

- Hold or have client hold bottle of eardrops in hands for a few minutes to warm medication to body temperature before inserting; cold eardrops can cause pain, nausea, and vomiting
- Do not allow the dropper to touch any part of the ear
- Do not put dropper into the ear
- Do not use cotton ear plugs unless specified on care plan or medication label; if they are ordered, do not pack plugs tightly in the ears

Nose medications

- Avoid cross-contamination of germs by giving your client nose drops only from his or her own bottle of nasal solution
- Do not use oily nose drops for a child; child may breathe the drops into the lungs

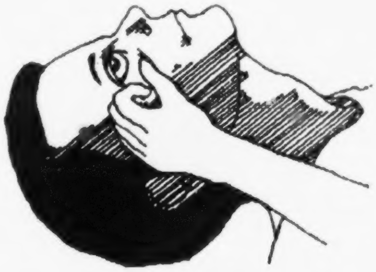
EQUIPMENT AND MATERIALS

- Medication
- Tissues
- Cotton balls
- Pillow

PROCEDURE

For eye medications

1. Check care plan, medical consent form, and medical release form before administering any medication
2. Wash hands
3. Obtain medication and tissues
4. Check label for "rights" of medication
    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date
5. Explain to client exactly what you are going to do or what you want client to do
6. Have client tilt head back for ease of instillation
7. With forefinger or thumb of one hand, pull lower eyelid down very gently; do not press on eyeball

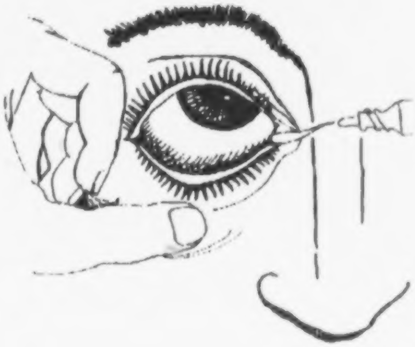


8. Have client look upward to remove the sensitive cornea from the point of instillation
9. Approaching the eye from below client's field of vision, hold dropper about one inch above eye

   NOTE: You may steady your hand against client's forehead if necessary.

10. Place prescribed drops in the corner of the eye closest to the nose. If ointment is used, place a line of ointment along the lower eyelid.

WARNING
Do not allow dispenser to touch eye.



11. Have client close eye

12. Wipe excess drops from client's face with tissue

    NOTE: If eyes begin to water, blot. **DO NOT RUB;** rubbing will cause further irritation and may wipe away needed medication.

13. Apply dressing, if directed

14. Provide for client's comfort

15. Advise client not to rub eye although moving eye under closed eyelid is all right

16. Observe client for side effects

17. Document type of medication, time administered, and any side effects

18. Return equipment to its proper place

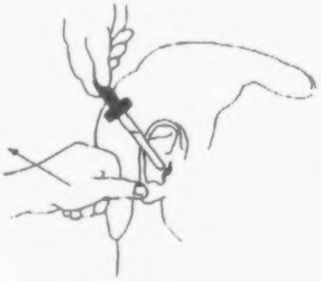
19. Clean area

20. Wash hands

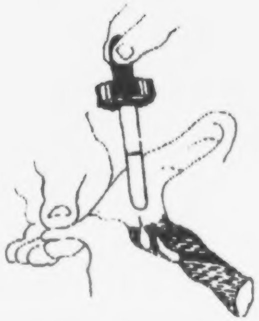
PROCEDURE

For ear medications

1. Check care plan, medical consent form, and medical release form before administering any medication
2. Wash hands
3. Obtain medication and tissues
4. Check label for "rights" of medication
    a. Right person
    b. Right medication
    c. Right dosage form
    d. Right amount
    e. Right route of administration
    f. Right time and date
5. Explain procedure to client
6. Position client by turning head so that the ear being treated faces upward
7. Shake bottle of medication if needed
8. If you are using a medicine dropper, place tip of barrel in solution, squeeze bulb until solution fills barrel of dropper to proper dosage
9. Hold external ear gently to expose orifice
    a. For adults, pull upper part of ear back
    b. For children, pull lobe down and back to straighten external auditory canal so that drops will go in properly



10. Squeeze bulb gently to drop medication against the internal wall of canal



11. If ordered, place small cotton ball in outer ear to cover orifice

    NOTE: Do not pack cotton ball tightly in the ear.

12. Have client lie on his or her side for a few minutes for the drops to reach the eardrum

13. Provide for client's comfort

14. Observe client for side effects

15. Document type of medication, time administered, and any side effects

16. Store medication

17. Clean area

18. Wash hands

PROCEDURE

For nose instillations

1. Check care plan, medical consent form, and medical release form before administering any medication

2. Wash hands

    NOTE: If client is an infant or small child and the nose is congested, suction the nose before instilling drops.

3. Obtain medication, tissues, and a pillow

4. Check label for "rights" of medication

    a. Right person
    b. Right medication
    c. Right dosage form

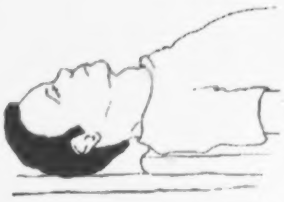
   d. Right amount
   e. Right route of administration
   f. Right time and date

5. Explain procedure to client

6. Have client gently blow his or her nose

7. Have client lie down with shoulders on a pillow

   NOTE: Check care plan for any special positioning for your client.



8. Shake medication if necessary

9. If you are using a medicine dropper, place tip into solution, squeeze bulb until proper dosage is in barrel of dropper

10. Ask client to breathe through the mouth while you instill drops

11. Holding dispenser 1/3 to 1/2 inch inside nasal passage, squeeze bulb gently to instill liquid slowly, drop by drop

    NOTE: Avoid touching nostril with dispenser.

12. Have client remain a few minutes with head tilted back to allow medication to be absorbed

13. Provide for client's comfort

14. Advise client not to blow his or her nose for at least 5 minutes

15. Observe client for side effects

16. Document type of medication, time administered, and any side effects

17. Store medication

18. Clean area, return equipment

19. Wash hands

TEST

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name______________________________Score____________

PART I

OBJECTIVE 1

List the "rights" of medication. Write your answers in the spaces provided below. To show mastery in this objective, you must list all seven "rights."

a. ____

b. ____

c. ____

d. ____

e. ____

f. ____

g. ____

OBJECTIVE 2

List five guidelines for storing medications. To show mastery on this objective, you must list four of five guidelines correctly.

a. ____

b. ____

c. ____

d. ____

e. ____

OBJECTIVE 3

Document administration of medication given during Part II, the performance part of the test. Document on the chart at the end of the test. You must correctly document 4 of the 5 procedures.

(Continue with Part II)

Name____

PART II

Your instructor will provide you with one or more assignments that involve procedures in administering medications. You will be required to go through all steps to complete the procedures.

Your score in this evaluation will be based on your abilities to identify required procedures and complete them accurately. Your performance will be evaluated by your instructor, using industry standards. The tasks you perform will require you to use knowledge and skills you learned in this and previously studied units.

Your assignment(s) are listed below and will be further explained by your instructor.

	Procedure Assignment	Date Completed
OBJECTIVE 4		
OBJECTIVE 5		
OBJECTIVE 6		
OBJECTIVE 7		
OBJECTIVE 8		

Medication Given	Time Given	Dosage	Route	Response/ Side Effects	Other Information

ANSWERS TO TEST
BASIC RESPITE CARE
ADMINISTER MEDICATIONS

OBJECTIVE 1

a. Right person
b. Right medication
c. Right dosage form
d. Right amount
e. Right route of administration
f. Right time and date
g. Right charting

OBJECTIVE 2

a. Return medicine to storage directly after administering the medications.

b. Unless otherwise stated, store most drugs at room temperature (59° to 86° F). Drugs stored at higher temperatures for long periods of time may deteriorate and lose their effectiveness.

c. Use a refrigerator for medications that require cold or cool storage (36° to 46° F).

d. Keep medications tightly capped in their original containers; many drugs are sensitive to light and are packaged in light-resistant containers.

e. Excessive moisture (humidity) can reduce the shelf life of many drugs. Keep drugs in a dry place such as an airtight container. Do not remove the drying packets from containers that have them.

OBJECTIVE 3

Evaluated to the satisfaction of the instructor

OBJECTIVE 4-8

Performance skills evaluated to the satisfaction of the instructor

EVALUATION FORM 1

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer oral medication (liquid)**

EQUIPMENT

- Bottle of medication
- Medicine glass, needleless syringe, eyedropper with graduated markings, or other measuring utensil

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain bottle of medication and medicine glass		
4. Check label for "rights"		
5. Explain procedure to client		
6. Position client to make swallowing easy		
7. Prepare dosage		
8. Give medication to client		
9. Observe for side effects		
10. Document		
11. Store medication		
12. Clear area of equipment		
13. Wash hands		
14. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Oral Medications (liquid)" according to the steps outlined.

________________ ____

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 2

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer oral medication (pill)**

EQUIPMENT

- Bottle of medication
- Glass of water

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain bottle of medication and glass of water		
4. Check label for "rights"		
5. Explain procedure to client		
6. Position client to make swallowing easy		
7. Pour correct number of tablets or capsules into lid of medicine bottle		
8. Give medicaiton and glass of water to client		
9. Instruct client to chew pill if indicated on label		
10. Instruct client to swallow medication		
11. Remain with client until medication is taken		
12. Observe for side effects		
13. Document		

Did the student:	Yes	No
14. Store medication in proper place		
15. Clear area of equipment; wash glass		
16. Wash hands		
17. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Oral Medications (pill)" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 3

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer oral medication (sublingual or buccal)**

EQUIPMENT

- Bottle of medication
- Clean, disposable gloves

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain bottle of medication		
4. Check label for "rights"		
5. Explain procedure to client		
6. Put on gloves		
7. Pour correct amount of medication into lid of bottle		
8. Assist client to put medication under tongue or between gum and cheek		
9. Remain with client until medication dissolves		
10. Observe for side effects		
11. Remove and dispose of gloves		
12. Document		
13. Store medication		

Did the student:	Yes	No
14. Clear area of equipment		
15. Wash hands		
16. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Oral Medications (sublingual or buccal)" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 4

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer oral medication (inhalants)**

EQUIPMENT

- Inhaler or atomizer
- Stopwatch, timer, or watch with second hand

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain atomizer		
4. Check label for "rights"		
5. Explain procedure to client		
6. Help client into upright position		
7. Shake atomizer well		
8. Instruct client to exhale		
9. **IMMEDIATELY** place mouthpiece over client's tongue and well into mouth		
10. Press atomizer between thumb and forefinger while having client breathe deeply through the mouth		
11. Have client continue to inhale deeply		
12. Remove atomizer and have client breathe out gently		
13. Repeat steps 7-12 after 60 seconds		

Did the student:	Yes	No
14. Observe for side effects		
15. Document		
16. Replace atomizer		
17. Clear area of equipment		
18. Wash hands		

The student: has satisfactorily completed the procedure "Administer Oral Medications (inhalants)" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 5

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer topical medication (medicated wet dressing)**

EQUIPMENT

- Medicated solution
- Basin
- Dressings
- Bed protector if needed
- Clean or sterile gloves as needed
- Tray for equipment

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Assemble equipment		
4. Check "rights" of medication		
5. Prepare solution according to directions		
6. Explain procedure to client		
7. Provide privacy		
8. Place bed protectors if needed		
9. Position client as needed		
10. Put on gloves		
11. Put medication on dressing		
12. Place moistened dressing on client		
13. Wrap affected part		

Did the student:	Yes	No
14. Provide additional cover as needed		
15. Check dressings often, removing and reapplying as needed to maintain moisture		
16. Check for irritation each time dressings are removed		
17. Remove dressings at end of treatment		
18. Pat skin dry		
19. Apply dry dressing as required		
20. Remove gloves		
21. Provide for client comfort		
22. Observe client for side effects		
23. Document		
24. Return equipment to storage		
25. Dispose of used dressings		
26. Wash hands		
27. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Topical Medications (medicated wet dressing)" according to the steps outlined.

__________ ____________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

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EVALUATION FORM 6

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name______________________________

PROCEDURE **Administer topical medication (others)**

EQUIPMENT

- Medication
- Dressings if required
- Clean or sterile gloves as needed
- Tongue depressors, cotton swabs, or cotton balls, or other applicators
- Tray for equipment

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Assemble equipment		
4. Check "rights" of medication		
5. Check directions		
6. Explain procedure to client		
7. Provide privacy		
8. Place bed protectors if needed		
9. Position client		
10. Expose area to be treated		
11. Put on gloves if needed		
12. Apply medication according to directions		
13. Apply dressing if needed		

Did the student:	Yes	No
14. Provide for client comfort	☐	☐
15. Remove gloves	☐	☐
16. Observe client for side effects	☐	☐
17. Document	☐	☐
18. Dispose of used supplies	☐	☐
19. Wash hands	☐	☐
20. Use proper body mechanics	☐	☐

The student: has satisfactorily completed the procedure "Administer Topical Medications (others)" according to the steps outlined.

__________ (Date)

____________________ (Evaluator's Signature)

____________________ (Evaluator's Position)

EVALUATION FORM 7

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE Insert a rectal suppository

EQUIPMENT

- Suppository
- Water-soluble lubricant
- Disposable examination gloves
- Disposable underpad
- Washable or disposable covering
- Tissues
- Bedpan if client is bedfast

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Encourage client to have a bowel movement before insertion of suppository		
3. Wash hands		
4. Gather equipment and supplies		
5. Check label for "rights"		
6. Check directions		
7. Explain procedure to client		
8. Provide privacy		
9. Position underpad		
10. Help client into position		
11. Cover client, exposing only buttocks		
12. Put on disposable gloves		
13. Unwrap suppository		

Did the student:	Yes	No
14. Lubricate suppository if indicated	☐	☐
15. Lubricate gloved finger	☐	☐
16. Separate buttocks to expose anus	☐	☐
17. Gently insert suppository past rectal sphincter	☐	☐
18. If client is a child, hold child's buttocks together for 5 to 10 minutes	☐	☐
19. Cleanse anal area	☐	☐
20. Advise client to remain in position for 15 to 20 minutes	☐	☐
21. Provide for client comfort	☐	☐
22. Remain with client until medication dissolves	☐	☐
23. Observe for side effects	☐	☐
24. Document	☐	☐
25. Discard tissues, gloves, and underpad	☐	☐
26. Return equipment to storage	☐	☐
27. Wash hands	☐	☐
28. Use proper body mechanics	☐	☐

The student: has satisfactorily completed the procedure "Insert a Rectal or Vaginal Suppository" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 8

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Insert a vaginal suppository**

EQUIPMENT

- Suppository
- Lubricant
- Cleansing agent
- Sterile gloves
- Disposable underpad
- Sanitary pad
- Cotton balls
- Tap water
- Pillow
- Bedpan if client is bedfast

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Assemble equipment		
4. Check label for "rights"		
5. Check directions		
6. Encourage client to void		
7. Explain procedure to client		
8. Provide privacy		
9. Position underpad		
10. Help client into position		
11. Put on gloves		

Did the student:	Yes	No
12. Cover client, exposing only vaginal area		
13. Cleanse vaginal area		
14. Unwrap vaginal suppository		
15. Lubricate smooth end of suppository		
16. Lubricate gloved index finger		
17. Expose vaginal opening		
18. Insert suppository 3 or 4 inches into vagina		
19. Rinse vaginal area		
20. Apply sanitary pad		
21. Place pillow under client's hips		
22. Advise client to remain in position for 15 to 30 minutes		
23. Provide for client's comfort		
24. Remain with client while medication dissolves		
25. Observe client for side effects		
26. Document		
27. Return equipment to storage		
28. Discard disposables and clean area		
29. Wash hands		
30. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Insert a Rectal or Vaginal Suppository" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

EVALUATION FORM 9

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name______________________________

PROCEDURE **Administer an enema (prepackaged)**

EQUIPMENT

- Prepackaged enema solution in disposable unit
- Lubricant
- Disposable examination gloves
- Disposable underpad
- Toilet tissue
- Washable or disposable covering
- Bedpan (or diaper for an infant)
- Wastebasket

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form	☐	☐
2. Wash hands	☐	☐
3. Assemble equipment	☐	☐
4. Check label for "rights"	☐	☐
5. Check directions	☐	☐
6. Explain procedure to client	☐	☐
7. Provide privacy	☐	☐
8. Replace top covers with washable cover	☐	☐
9. Position underpad	☐	☐
10. Help client into position	☐	☐
11. Prepare enema unit	☐	☐
12. Arrange covers to expose only client's buttocks	☐	☐

Did the student:	Yes	No
13. Put on disposable gloves		
14. Lubricate rectal tube		
15. Squeeze enema solution into tip of tube		
16. Expose anal area		
17. Insert tip of tube into rectum while informing client of procedure		
18. Squeeze and roll container to keep solution flowing into tube until container is almost empty		
19. Remove tube slowly while informing client		
20. Encourage client to breathe deeply and retain solution		
21. Provide bedpan or assist to bathroom		
22. Place toilet tissue within client's reach		
23. Remain within sound of client's voice		
24. Help client wash hands		
25. Assist with cleansing, drying of buttocks		
26. Empty bedpan		
27. Remove washable cover; replace original covers		
28. Provide for client comfort		
29. Remove gloves		
30. Observe client for side effects		
31. Document		

Did the student:	Yes	No
32. Store equipment, medication		
33. Clean area		
34. Wash hands		
35. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer an Enema (prepackaged)" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 10

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE Administer an enema (bucket type)

EQUIPMENT

- Solution contents as prescribed
- Enema bucket with tubing and clamp
- Rectal tube (appropriate size for client)
- Lubricant
- Disposable examination gloves
- Disposable underpad
- Washable or disposable covering
- Bedpan (or diaper for an infant)
- Toilet tissue
- Emesis basin
- Bath thermometer
- Wastebasket

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Assemble equipment		
4. Check "rights" of medication		
5. Prepare solution as prescribed		
6. Provide privacy		
7. Explain procedure to client		
8. Replace top covers with washable cover		
9. Position underpad		
10. Help client into position		

Did the student:	Yes	No
11. Arrange covers to expose only client's buttocks		
12. Put on disposable gloves		
13. Lubricate rectal tube		
14. Allow enema solution to flow through tube into emesis basis		
15. Clamp or pinch tubing		
16. Expose anal area		
17. Insert tip of tube into rectum while informing client of procedure		
18. Place container 12 to 18 inches above anus for **cleansing** enema, 8 inches or less for a **retention** enema		
19. Instruct client to breathe deeply and tell of any discomfort		
20. Allow solution to flow slowly		
21. Regulate flow by pinching off tube occasionally and lowering container		
22. Clamp off tubing if client indicates discomfort or container is **almost** empty		
23. Remove tube slowly while informing client		
24. Cover rectal tube with tissue and place in basin		
25. If client is a child, hold child's buttocks together for a short time		
26. Provide bedpan or assist to bathroom		
27. Place toilet tissue within client's reach		

Did the student:	Yes	No
28. Remain within sound of client's voice		
29. Remove bedpan or assist client from bathroom when client is ready		
30. Help client wash hands		
31. Empty bedpan		
32. Remove washable cover; replace original covers		
33. Provide for client comfort		
34. Remove gloves		
35. Observe client for side effects		
36. Document		
37. Store equipment, medication		
38. Clean area		
39. Clean enema bucket		
40. Wash hands		
41. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer an Enema (bucket type)" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 11

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer eye medication**

EQUIPMENT

- Medication
- Tissues
- Cotton balls
- Pillow

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain medication and tissues		
4. Check label for "rights"		
5. Explain procedure to client		
6. Position client for ease of instillation		
7. Pull lower eyelid down with forefinger or thumb		
8. Have client look upward		
9. Approaching eye from below client's field of vision, hold dropper about one inch above eye		
10. Place drops in corner of eye, or place a line of ointment along lower eyelid		
11. Have client close eye		
12. Wipe excess drops from client's face		

Did the student:	Yes	No
13. Apply dressing if directed		
14. Provide for client's comfort		
15. Advise client not to rub eye		
16. Observe client for side effects		
17. Document		
18. Return equipment		
19. Clean area		
20. Wash hands		
21. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Eye Medications" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 12

BASIC RESPITE CARE
ADMINISTER MEDICATIONS

Name____

PROCEDURE Administer ear medication

EQUIPMENT

- Medication
- Tissues
- Cotton balls

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain medication and tissues		
4. Check label for "rights"		
5. Explain procedure to client		
6. Position client		
7. Shake bottle of medication if needed		
8. Place tip of medicine dropper in solution, squeezing bulb until solution fills barrel of dropper to correct dosage		
9. Expose orifice		
10. Squeeze bulb gently to drop medication against internal wall of canal		
11. Place cotton ball in outer ear only if ordered		
12. Have client lie on side for a few minutes		

Did the student:	Yes	No
13. Provide for client comfort		
14. Observe client for side effects		
15. Document		
16. Store medication		
17. Clean area		
18. Wash hands		
19. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Ear Medications" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 13 | **BASIC RESPITE CARE**
ADMINISTER MEDICATIONS

Name____

PROCEDURE **Administer nose medication**

EQUIPMENT

- Medication
- Tissues
- Pillow

Did the student:	Yes	No
1. Check care plan, medical consent form, and medical release form		
2. Wash hands		
3. Obtain medication, tissues, and pillow		
4. Check label for "rights"		
5. Explain procedure to client		
6. Have client gently blow nose		
7. Have client lie down with shoulders on pillow		
8. Shake bottle of medication if needed		
9. Place tip of medicine dropper in solution, squeezing bulb until solution fills barrel of dropper to correct dosage		
10. Have client breathe through the mouth while you instill drops		
11. Hold dispenser 1/3 to 1/2 inch inside nasal passage and squeeze bulb gently to instill liquid drop by drop		
12. Have client remain with head tilted back for a few minutes		

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Did the student:	Yes	No
13. Provide for client comfort		
14. Advise client not to blow nose for at least 5 minutes		
15. Observe client for side effects		
16. Document		
17. Store medication		
18. Clean area		
19. Wash hands		
20. Use proper body mechanics		

The student: has satisfactorily completed the procedure "Administer Nose Medications" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

OBJECTIVE SHEET

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

INTRODUCTION

Vital signs include temperature, pulse, respirations, and blood pressure. Measuring vital signs helps detect any change in normal body functions or helps determine a client's response to a treatment such as medication, exercise, etc. As a respite care provider, you may need to take and record vital signs for the client. Vital signs can detect life-threatening situations; they even reflect minor changes in a client's condition. They must be measured, reported, and recorded accurately. You must do each of these procedures accurately and document this information correctly in the client's record. You will also need to learn how to measure and record fluid intake and output.

UNIT OBJECTIVE

After completing this unit, you should be able to take vital signs, measure fluid intake and output, and record the information accurately.

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Obtain temperature readings.
2. Take pulse and respirations.
3. Take blood pressure.
4. Monitor fluid intake and output.
5. Record vital signs information.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Assignment sheets

  Assignment Sheet 1 — Monitor Fluid Intake and Output

  Assignment Sheet 2 — Record Vital Signs Information
- Answers to assignment sheets
- Procedure sheets

  Procedure Sheet 1 — Clean a Mercury Thermometer

  Procedure Sheet 2 — Shake Down a Mercury Thermometer

  Procedure Sheet 3 — Take an Oral Temperature

  Procedure Sheet 4 — Take an Axillary Temperature

  Procedure Sheet 5 — Take a Rectal Temperature

  Procedure Sheet 6 — Take Pulse and Respirations

  Procedure Sheet 7 — Take Blood Pressure
- Activity sheets

  Activity Sheet 1 — Read Mercury Thermometers

Activity Sheet 2 — Read Sphygmomanometer Gauges

Activity Sheet 3 — Vital Signs Crossword Puzzle

- Answers to activity sheets
- Test
- Answers to test
- Evaluation forms

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

  1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
  2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
  3. Review teaching suggestions and plan classroom activities.

- **Obtain materials needed to supplement unit.**

  1. Films or videos on taking vital signs
  2. Posters and charts
     a. Normal ranges of temperature, pulse, respirations, blood pressure
     b. Conversion tables of Fahrenheit and Celsius degrees
  3. Equipment for taking vital signs
  4. Competency profiles

  NOTE: Competency profiles for this book are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.
2. Plan presentations to take advantage of student learning styles.
3. Provide students with objectives and individualized study guide forms.
4. Pretest qualifying students: administer written test and interview students to assess student competencies.
5. Determine individual study requirements from pretest results.
6. Counsel students individually on pretest results and study requirements.
    a. Modify materials in unit or create supplementary materials for individual students as required.
    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.
    c. Indicate reading and study assignments on the study guide; include media.
    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.
    e. Set up completion requirements and tentative schedule for next evaluation.
7. Monitor student progress and adjust assignments and teaching approaches as required.
8. Evaluate and document student skills.
    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

b. Retrain and re-evaluate unsuccessful students.

c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

   - Put up posters and charts on vital signs.

   - Have available equipment for use in taking vital signs.

3. Introduce unit.

   - Discuss the introduction on the objective sheet.

   - Point out the "vital" role in health that vital signs play as indicators or "signs" that something may not be right with the body.

4. Discuss unit and specific objectives. Relate the objectives to your introduction.

5. Discuss information sheet.

   a. Discuss Objective 1 on temperature readings.

      - Show different types of mercury thermometers and explain the use of each.

      - Compare mercury thermometers, electronic thermometers, disposable thermometers, and forehead strips. Point out any advantages or disadvantages of each.

      - Discuss terms associated with temperature.

- Discuss the difference between centigrade (Celsius) and Fahrenheit temperature scales. Show the mathematical way to convert from one scale to another:

  To convert Fahrenheit readings to centigrade, subtract 32 from the reading and multiply by 5/9; thus, $C^\circ = 5/9\ (F^\circ - 32)$.

  To convert centigrade readings to Fahrenheit, multiply the centigrade reading by 9/5 and add 32; thus, $F^\circ = (C^\circ \times 9/5) + 32$.

- Compare a centigrade and Fahrenheit thermometer. Point out the importance of documenting which type of thermometer was used.

- Discuss normal ranges of body temperature and what to do if a client's temperature is out of the normal range.

- Discuss factors that influence body temperature.

- Demonstrate how to clean a thermometer. Have students practice and perform Procedure Sheet 1.

- Show how to read a mercury thermometer and let students practice finding the mercury column and reading it.

- Have students complete Activity Sheet 1 as practice reading Fahrenheit and centigrade thermometers.

- Demonstrate how to shake down a mercury thermometer. Have students practice and perform Procedure Sheet 2.

- Discuss contraindications for taking oral, axillary, or rectal temperatures.

- Demonstrate taking temperatures. Have students practice and perform Procedure Sheets 3-5.

b. Discuss Objective 2 on pulse and respirations.

   - Discuss terms associated with pulse and respirations.
   - Point out the need to count respirations when the client is not aware of it.
   - Discuss normal ranges of pulse and respirations. Point out what to do if the client's pulse or respiration rate is out of the normal range.
   - Discuss factors that influence pulse rate and respirations.
   - Have students check their own pulses at rest and compare them with their pulses after exercise.
   - Demonstrate taking a radial pulse. Have students practice and perform Procedure Sheet 6.

c. Discuss Objective 3 on blood pressure.

   - Discuss terms associated with blood pressure.
   - Display different types of sphygmomanometers. Point out advantages and disadvantages of aneroid and mercury types.
   - Demonstrate how to use both aneroid and mercury sphygmomanometers.
   - Have students complete Activity Sheet 2 for practice reading aneroid and mercury gauges.
   - Discuss normal ranges of blood pressure. Point out what to do if the client's blood pressure is out of the normal range.
   - Discuss factors that influence blood pressure.
   - Discuss common errors in measuring blood pressure; point out how to avoid those errors.
   - Demonstrate Procedure Sheet 7, and have students practice taking each other's blood pressure.

d. Discuss Objective 4 on monitoring fluid intake and output.

  - Discuss the need for monitoring intake and output.
  - Discuss units of fluid measure. Point out the need for consistency in using the same unit of measure. Compare milliliters and cubic centimeters.
  - Point out the chart listing volumes of household containers; stress the need for accuracy in measuring fluids for clients on fluid-restricted diets.
  - Have students fill various glasses, mugs, and bowls with what they think is 1/2 cup water from a faucet; then have students measure what they actually poured. Repeat the exercise with 3/4 cup and 1 cup amounts to stress the importance of measuring fluids.
  - Have students complete Assignment Sheet 1, "Monitor Fluid Intake and Output."

e. Discuss Objective 5 on recording information about vital signs.

  - Review the need for correct documentation.
  - Review documenting procedures covered in earlier units.
  - Have students complete Assignment Sheet 2, "Record Vital Signs Information."

6. Have students complete Activity Sheet 3 as an optional activity to reinforce terms associated with taking vital signs.

7. Give written test.

8. Evaluate student performance of procedures.

9. Reteach and retest as required.

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10. Complete appropriate section of competency profiles.

- **Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

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SUPPLEMENT 1

Pretest

PART I

Match the following terms associated with vital signs to their correct definitions. Write the correct letters in the blanks.

___ 1. Normal axillary temperature

___ 2. Artery used for measuring pulse

___ 3. Pulse beats heard when listening to blood pressure

___ 4. Normal blood pressure for an infant

___ 5. Normal rectal temperature

___ 6. Top number in blood pressure reading

___ 7. Normal oral temperature

___ 8. Artery in arm that is used in blood pressure measurement

___ 9. Bottom number in blood pressure measurement

___10. Normal blood pressure in healthy children

___11. Pulse rate over 100 beats/minute

a. Systolic
b. Diastolic
c. 98.6° F
d. 99.6° F
e. 97.6° F
f. Brachial
g. Radial
h. Tachycardia
i. Korotkoff sounds
j. 120/80
k. 90/60

PART II

Answer the following questions about vital signs. If the question lists multiple choices, write the letter of the correct answer in the blank. If the question does not give choices, write the correct answers in the blanks given.

____1. Always hold a thermometer by the ____ end, never by the ____ end.

a. Bulb.....Stem
b. Stem.....Bulb

____ 2. When cleaning a mercury thermometer, always ____.

a. Wipe down thermometer from stem to bulb, using cotton balls and antiseptic
b. Wipe down thermometer from bulb to stem, using cotton balls and antiseptic
c. Drop thermometer into antiseptic and immediately shake thermometer to dry
d. Soak for 5 minutes in warm soapy water

3. Name five factors that influence body temperature.

a.____

b.____

c.____

d.____

e.____

____ 4. When taking oral temperature, wait ____ minutes after client has ingested hot or cold food or liquid.

a. 3 to 5
b. 5 to 10
c. 10 to 15
d. 15 to 20

____ 5. When taking a rectal temperature, leave thermometer in place ____ minutes.

a. 3 minutes
b. 5 minutes
c. 8 minutes
d. 15 minutes

___ 6. A mercury thermometer should be shaken down ___.

a. Before using thermometer
b. After using thermometer
c. Only after cleaning thermometer
d. Both A and B

___ 7. Mercury thermometers should be shaken down until the level of mercury is ___ .

a. 90° F
b. 92° F
c. 95° F
d. 98° F

___ 8. Select the statement that is *NOT* a guideline for cleaning thermometers.

a. Handle carefully to avoid breakage
b. Always use warm tap water
c. Clean rectal thermometers
d. Wipe thermometers clean and dry with cotton balls

9. Name three contraindications for taking an oral temperature.

a.____

b.____

c.____

___ 10. When taking an axillary temperature, remember the following guidelines except ___.

a. When recording temperature, write *ax* next to reading
b. Leave thermometer in place for 10 minutes
c. Rub damp axilla vigorously with tissue or cloth to dry it
d. Place client's arm across chest or abdomen to hold thermometer in place

___ 11. Do not take a rectal temperature for a client who___.

a. Has diarrhea
b. Has a rectal disorder or injury
c. Has heart disease
d. All of the above

12. Name three types of mercury (glass) thermometers.

a. ____________________

b. ____________________

c. ____________________

___ 13. Apical pulse (heart sounds) is best heard at ___.

a. The fifth intercostal space at the left nipple line
b. The fifth intercostal space at the right nipple line
c. The second intercostal space at the clavicle (collar bone)
d. The fifth intercostal space under the axilla

___ 14. Pulse is felt over the ___ artery on the thumb side of the wrist.

a. Pedal
b. Brachial
c. Axillary
d. Radial

___ 15. Choose the pulse rate that would be normal for an infant.

a. 80 beats/minute
b. 100 beats/minute
c. 120 beats/minute
d. 140 beats/minute

16. Name five factors that influence pulse rate and respirations.

a. ____________________

b. ____________________

c. ____________________

d. ____________________

e. ____________________

17. When listening to apical heart sounds, it is important to notice three qualities of the heart sounds. List these qualities.

a.____

b.____

c.____

___ 18. Do not take blood pressure in the affected arm of the client who____.

a. Has had a stroke and whose arm is weakened
b. Has an intravenous line in that arm
c. Has had a mastectomy on that side
d. All of the above are contraindications

___ 19. The term used to describe the amount of pressure exerted on the artery wall as the heart contracts and forces blood through the body via the arteries is called ____.

a. Diastolic pressure
b. Pulse
c. Systolic pressure
d. Blood pressure

___ 20. The two types of pressure gauges available in sphygmomanometers are ____.

a. Mercury and vertical
b. Mercury and aneroid
c. Aneroid and dial
d. Sphygmomanometer and dial

___ 21. When using a mercury sphygmomanometer, it is important to observe the level of the meniscus ____.

a. From below looking up
b. From above looking down
c. Slightly to one side
d. Directly and at eye level

___ 22. Blood pressure is measured in the arm over the ___ artery.

a. Brachial
b. Radial
c. Pedal
d. Axillary

___ 23. The upper limits of normal blood pressure for an individual 75 years or older are ___.

a. 90/60
b. 120/80
c. 140/90
d. 180/100

___ 24. Normal blood pressure for healthy adults 20 to 40 years old is ___ .

a. 90/60
b. 120/80
c. 140/90
d. 150/100

___ 25. A steady rise in blood pressure is expected in healthy individuals from birth to advancing age.

a. True
b. False

___ 26. The width of the blood pressure cuff should be ___ the diameter of the arm.

a. Twice as wide as
b. 50% wider than
c. 20% wider than
d. Just as wide as

___ 27. The arm used for blood pressure reading must be held ___.

a. At the level of the heart
b. Above the level of the heart
c. Below the level of the heart
d. Above the head

___ 28. One fluid ounce equals ___.

a. 20 cc
b. 30 cc
c. 50 cc
d. 100 cc

___ 29. Name three sources of fluid intake.

a.____

b.____

c.____

___ 30. Mr. Client is a seventy-two-year-old man who has a history of heart disease. You have taken his vital signs and recorded the following readings:

Blood pressure	92/60
Pulse rate	75
Respirations	16
Temperature	97.6° F "*oral*"

Which finding represents an ABNORMAL finding?

a. Blood pressure
b. Pulse
c. Respirations
d. Temperature

31. List five general guidelines that you *must* follow in documenting your client's vital signs.

a.____

b.____

c.____

d.____

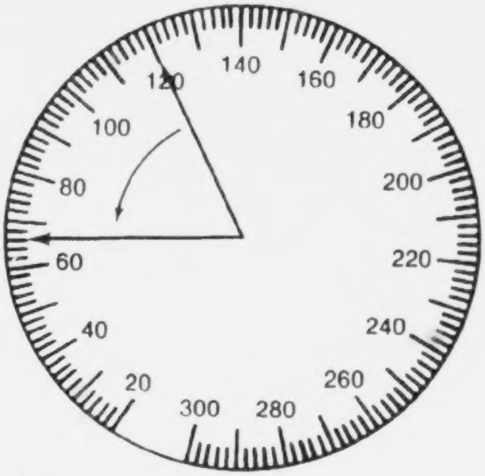
e.____

32. Name two age groups that have a delicate body fluid balance.

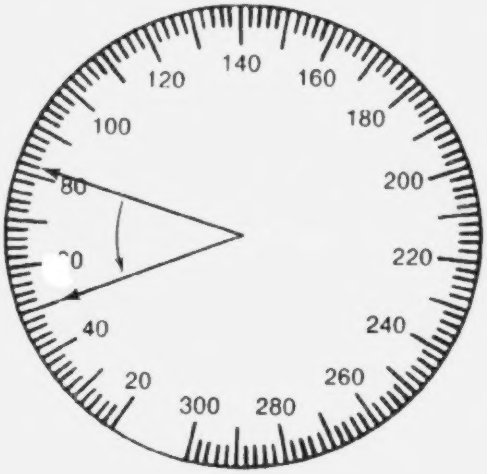
a.____

b.____

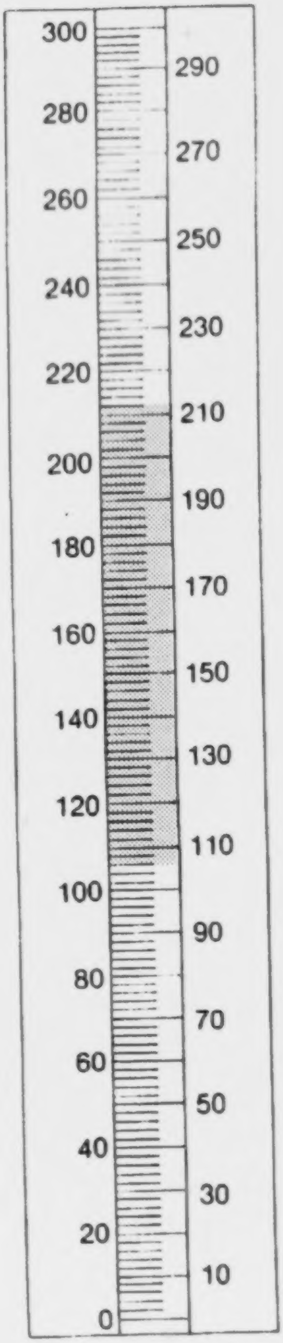
33. "Read" the following blood pressure gauges. Record your findings in the blanks provided.



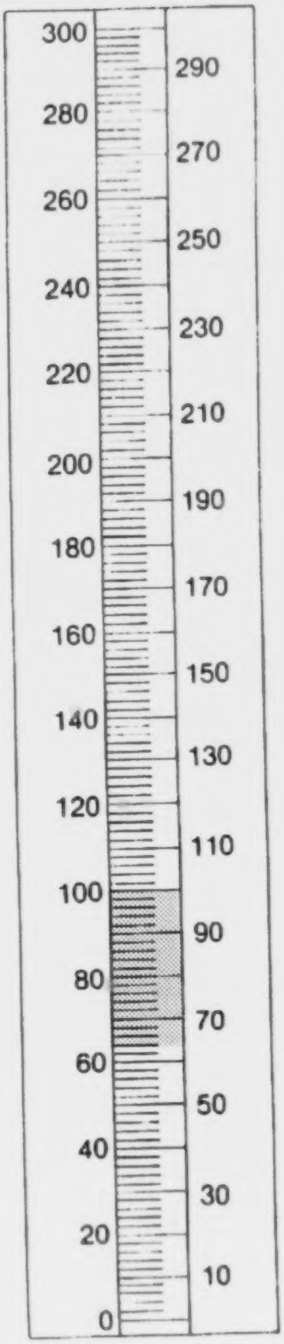
a. BP= ___



b. BP= ___



c. BP= ___



d. BP= ___

34. Complete the intake\output form, using the following information:

Mrs. Thirst is on fluid restriction; she can have only 1000 cc of fluid intake per day because of her heart condition. The following outlines her fluid diary for 1-30-89.

Fluid intake	Output	
Breakfast:		
1/2 cup skim milk*	Urine	200 cc
4 ounces juice		400 cc
		100 cc
Lunch:		
50 cc iced tea		
1/2 cup ice cream*		
Dinner:		
6 ounces cola		
1/2 cup milk*		

*1/2 cup measuring cup was used.

INTAKE		OUTPUT	
Item	cc	Item	cc
Total Intake______		Total Output______	

___ 35. Did Mrs. Thirst comply with the prescribed fluid restrictions? (See Question 34.)

a. Yes; fluid intake was less than 1000 cc
b. No; fluid intake exceeded 1000 cc

___ 36. One measuring cup holds ___ ounces.

a. 4
b. 8
c. 12
d. 16

37. Document the information provided on the chart form below.

At 9:00 A.M. on January 20, 1989, you were taking care of Mr. Stone (82 yrs). Vital signs taken then revealed these findings: BP 200/106, Pulse 80, Resp 20, Temp 101.6° F Rectal. At noon the same day, vital signs were repeated, with the following results. BP 210/112, Pulse 90, Resp 26, Temp 102.8° F taken rectally.

CARE PLAN

Date:______Client's Name:__________

VITAL SIGNS

Time:	0900	1200
Systolic	____	____
Diastolic	____	____
Pulse	____	____
Respirations	____	____
Temperature	____	____

Caregiver______________

Questions 38-39 pertain to the information given in Question 37.

___ 38. At noon, the vital sign reading that indicated a NORMAL finding was ____ .

a. Blood pressure
b. Pulse
c. Respirations
d. Temperature

___ 39. Of the findings at 9:00 A.M., which would most cause the caregiver to report the situation to supervisor?

a. Blood pressure
b. Pulse
c. Respiration
d. Temperature

PART III

Your instructor will set up situations for you to perform the following procedures:

1. Read a thermometer accurately.
2. Clean a thermometer.
3. Take an oral temperature.
4. Take an axillary temperature.
5. Take a rectal temperature.
6. Take pulse and respirations.
7. Take blood pressure.

SUPPLEMENT 2

Answers to Pretest

PART I

1. e
2. g
3. i
4. k
5. d
6. a
7. c
8. f
9. b
10. j
11. h

PART II

1. b
2. a
3. Answers should include any five of the following
    a. Illness
    b. Environment
    c. Hot/cold foods
    d. Time of day
    e. Pregnancy
    f. Exercise
    g. Smoking
    h. Age
    i. Emotions
    j. Chewing gum
    k. Mouth breathing
4. c
5. c
6. d
7. c
8. b
9. Answers should include any three of the following
    a. Client who is not responsible for own actions, such as an unconscious or delirious client or a child less than 4-5 years old
    b. Client who cannot hold mouth closed
    c. Client who has tubes in nose/mouth
    d. Client who has sores on mouth
    e. Client who has history of seizures

10. c

11. d

12. a. Oral
    b. Rectal
    c. Security (stubby)

13. a

14. d

15. c

16. Answers should include any five of the following

    a. Age
    b. Medication
    c. Smoking
    d. Exercise
    e. Obesity
    f. Emotion
    g. Illness
    h. Stimulants
    i. Pregnancy

17. a. Rate
    b. Rhythm
    c. Strength

18. d

19. c

20. b

21. d

22. a

23. d

24. c

25. a

26. c

27. a

28. b

29. Answers should include any three of the following

   a. Oral fluid intake
   b. Food intake
   c. IV fluids
   d. Tube feedings

30. a

31. Answers should include any five of the following

   a. Mark client's name clearly on form
   b. Write clearly
   c. Document date and time vital signs were taken
   d. Identify method of measuring temperature and scale used
   e. Identify units of liquid measure
   f. Use ink
   g. Sign your name clearly
   h. Use numbers and decimal points accurately
   i. Never erase

32. a. Infants
   b. Elderly

33. a. 120/66
   b. 82/50
   c. 212/106
   d. 100/64

34.

INTAKE		OUTPUT	
Item	cc	Item	cc
Milk	120 cc	Urine	200 cc
Juice	120 cc	Urine	400 cc
Tea	50 cc	Urine	100 cc
Ice Cream	120 cc		
Cola	180 cc		
Milk	120 cc		
Total	710 cc	Total	700 cc

35. a

36. b

37.

CARE PLAN

Date: 1-20-89 Client's Name: Stone, Mr.

VITAL SIGNS

Time:	0900	1200
Systolic	200	210
Diastolic	106	112
Pulse	80	90
Respirations	20	26
Temperature	101.6° F *R*	102.8° F *R*

Caregiver ____signature____

38. b

39. a

PART III Performance skills evaluated to the satisfaction of the instructor

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about obtaining vital signs. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with an asterisk on this individualized study guide.

	Req.	Comp.	
	_____	_____	**Read** objective sheet.
	_____	_____	**Complete** pretest.
	_____	_____	**Discuss** pretest results and study requirements with your instructor.
OBJECTIVE 1	_____	_____	**Study** Information Sheet, Objective 1.
	_____	_____	**Complete** Activity Sheet 1, "Read Mercury Thermometers."
	_____	_____	**Watch** demonstration of Procedure Sheet 1, "Clean a Mercury Thermometer."
	_____	_____	**Practice** Procedure Sheet 1.
	_____	_____	**Watch** demonstration of Procedure Sheet 2, "Shake Down a Mercury Thermometer."
	_____	_____	**Practice** Procedure Sheet 2.
	_____	_____	**Watch** demonstration of Procedure Sheet 3, "Take an Oral Temperature."

Req. Comp.

_____ _____ **Practice** Procedure Sheet 3.

_____ _____ **Watch** demonstration of Procedure Sheet 4, "Take an Axillary Temperature."

_____ _____ **Practice** Procedure Sheet 4.

_____ _____ **Watch** demonstration of Procedure Sheet 5, "Take a Rectal Temperature."

_____ _____ **Practice** Procedure Sheet 5.

NOTE: To check for competency in this objective, the test will ask you to read illustrations of thermometers, distinguish between illustrations of oral and rectal thermometers, and write the normal temperatures taken at different sites. To demonstrate mastery of the objective, you must answer correctly 8 of 10 questions about taking temperature and demonstrate how to take temperature.

OBJECTIVE 2 _____ _____ **Study** Information Sheet, Objective 2.

_____ _____ **Watch** demonstration of Procedure Sheet 6, "Take Pulse and Respirations."

_____ _____ **Practice** Procedure Sheet 6.

NOTE: To check for competency in this objective, the test will ask you to match terms associated with pulse and respiration with their correct definitions. To demonstrate mastery of the objective, you must correctly answer 4 of 5 terms and demonstrate how to take pulse and respirations.

OBJECTIVE 3 _____ _____ **Study** Information Sheet, Objective 3.

_____ _____ **Watch** demonstration of Procedure Sheet 7, "Take Blood Pressure."

_____ _____ **Complete** Activity Sheet 2, "Read Sphygmomanometer Gauges."

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Req. Comp.

_____ _____ **Practice** Procedure Sheet 7.

NOTE: To check for competency in this objective, the test will ask questions about ranges and the procedure for taking blood pressure. In addition, the test will show illustrations of gauges and ask you to read the gauges. To demonstrate mastery of the objective, you must correctly answer 8 of 10 questions and demonstrate how to take blood pressure.

OBJECTIVE 4

_____ _____ **Study** Information Sheet, Objective 4.

_____ _____ **Complete** Assignment Sheet 1, "Monitor Fluid Intake and Output."

NOTE: To check for competency in this objective, the test will ask you to name types of sources and losses and will ask you to complete an intake/output worksheet. To demonstrate mastery of the objective, you must correctly answer 8 of 10 questions.

OBJECTIVE 5

_____ _____ **Study** Information Sheet, Objective 5.

_____ _____ **Complete** Assignment Sheet 2, "Record Vital Signs Information."

_____ _____ **Complete** Activity Sheet 3, "Vital Signs Crossword Puzzle."

NOTE: To check for competency in this objective, the test will ask you to list guidelines for recording vital signs information. To show mastery of the objective, you must list correctly 4 of 5 guidelines and document correctly the vital signs obtained in the performance part of the test.

UNIT REVIEW

_____ _____ **Review** unit and assignments.

_____ _____ **Complete** test.

_____ _____ **Discuss** test results with your instructor.

Req. Comp.

_____ _____ **Complete** additional study requirements:

____

____

____

_____ _____ **Proceed** to next study assignment:

____

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OBJECTIVE 1

Obtain temperature reading

INTRODUCTION

The body creates heat as it produces energy from the foods we eat. The measurement of heat in the body is called *temperature*.

Body temperature is the balance between heat produced and heat lost. As the body uses food for energy, it produces heat. Heat is lost through the skin, breathing, urine, or feces. Body temperature is generally stable, but it is normally lower in the morning and higher in the afternoon or evening.

Common sites for taking a temperature includes mouth, rectum, and axilla or underarm.

Temperature is measured in units called *degrees* on a Fahrenheit or centigrade scale. Check with your agency to determine which scale is preferred.

There are several types of thermometers and several methods of taking temperature. You will need to learn appropriate care for each type of thermometer and how to read them accurately.

Terms associated with temperature

Antiseptic — Chemical used to help remove germs from an object.

EXAMPLE: Rubbing alcohol is an antiseptic that is commonly used to clean a thermometer.

Axillary — Pertaining to the armpit; an axillary temperature is taken by placing the thermometer snugly in the armpit

Centigrade (Celsius) — Temperature scale that sets zero at the freezing point and 100 degrees at the boiling point

Fahrenheit — Temperature scale that sets zero at the temperature of equal weights of snow and salt mixed together; the freezing point is 32 degrees, and the boiling point is 212 degrees

Oral — Pertaining to the mouth; an oral temperature is taken by placing the thermometer in the mouth under the tongue

Rectal — Pertaining to the rectum; a rectal temperature is taken by inserting the thermometer gently into the anus, which is the opening to the rectum

Temperature — How much heat is in the body

Thermometer — Instrument used to measure temperature; most common type of thermometer is a glass or mercury thermometer

Factors that influence body temperature

Age — The heat-regulating mechanism is not fully developed in infants and young children, and is less efficient in elderly persons

Chewing gum — Chewing gum before taking an oral temperature can affect the reading

Emotions — Active secreting glands increase heat production during excitement, anxiety, nervousness, and other strong emotions

Exercise and digestive processes — Body temperature rises as activity increases

External environment — Amount of body fat, fluid, and electrolyte balance affect body temperature

Hot or cold foods or any liquids — Eating or drinking hot or cold substances within 10 to 15 minutes before taking an oral temperature will cause an inaccurate reading

Illness — Infection and disease processes may increase or decrease body temperature

Internal environment — Amount of body fat, fluid, and electrolyte balance affect body temperature

Mouth breathing — A person who breathes through the mouth will have a dry, cool mouth that will not register an accurate oral temperature reading

Pregnancy — Pregnancy and the menstrual cycle affect body temperature

Smoking — Smoking before taking an oral temperature will affect the reading

Time of day — Body temperature is usually at its highest in the midafternoon and at its lowest during sleep

Contraindications for oral method

Do not take an oral temperature for a client who...

- Is not responsible for own actions, such as an unconscious or delirious client or a child less than 4 or 5 years old
- Cannot hold mouth closed, such as a client who breathes through his mouth, is paralyzed on one side of body, or has had surgery or injury to mouth or nose
- Has open sores of the mouth or lips
- Has a tube in the mouth or nose
- Has had a history of having seizures

Contraindications for rectal method

Do not take a rectal temperature for a client who...

- Has diarrhea
- Has heart disease
- Has a rectal disorder or injury
- Has had a rectal surgery

Normal ranges of body temperature

	°Fahrenheit	°Centigrade
Oral	98.6° (97.6° to 99.0°)	37.0° (36.4° to 37.2°)
Rectal	99.6° (98.6° to 100.0°)	37.5° (37.0° to 37.8°)
Axillary	97.6° (96.6° to 98.0°)	36.5° (35.9° to 36.7°)

IMPORTANT

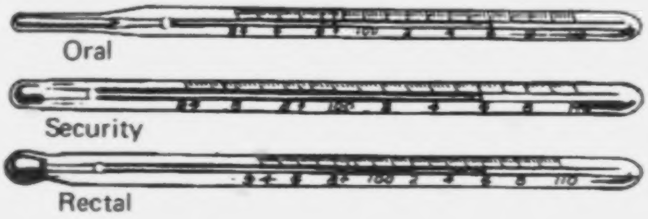
Report any deviations from normal temperatures to your supervisor.

REPORT TEMPERATURES OVER 104.0° FAHRENHEIT IMMEDIATELY TO THE CLIENT'S PHYSICIAN OR YOUR SUPERVISOR AND TAKE MEASURES TO LOWER BODY TEMPERATURE.

Mercury thermometers

Some thermometers are made of glass and contain a narrow tube of a liquid metal called mercury. Mercury will expand and travel up the tube as the temperature goes up. There are calibrated numbers on the outside of the glass to mark the temperature.

There are three types of mercury thermometers. They are oral, rectal, and security thermometers. Oral thermometers are used to take the temperature by mouth and also can be used to measure the axillary temperature. Rectal thermometers are used to measure temperature in a client's rectum. Security thermometers are used for taking rectal temperatures on an infant. Rectal thermometers can be recognized by the red tip opposite the bulb. Oral thermometers often have a blue or green tip. Note the different shapes of the bulbs in the three types of thermometers in the following illustration.



Guidelines for using mercury thermometers

- NEVER USE AN ORAL THERMOMETER TO TAKE A RECTAL TEMPERATURE!
- NEVER USE A RECTAL THERMOMETER TO TAKE AN ORAL TEMPERATURE!
- Use either a clean oral or rectal thermometer to take an axillary temperature.

- Your facility or agency may encourage you to use plastic covers over the thermometer; plastic covers that are already lubricated are available for taking a rectal temperature.

- Always hold the thermometer by the stem, not the bulb end that holds the mercury; otherwise, your own body heat could affect the temperature reading, and your hands could contaminate the clean bulb.

Reading a mercury thermometer

1. Hold thermometer in horizontal position at eye level.

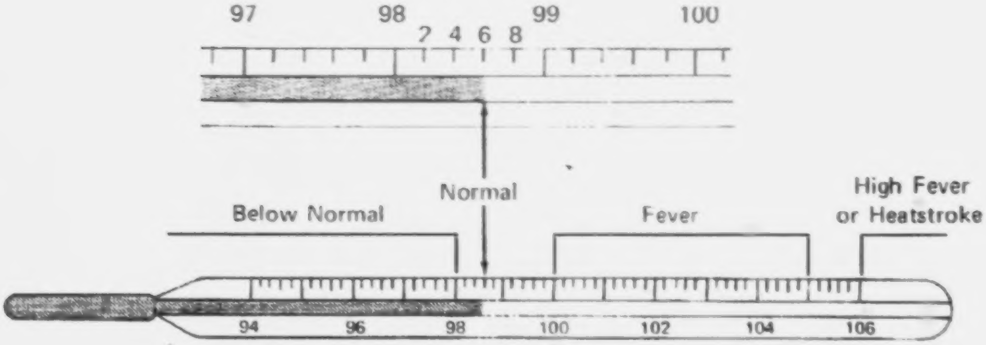
   NOTE: A light coming over your shoulder may help you read the thermometer more clearly.

2. Roll the thermometer slowly back and forth between your thumb and forefinger until you can see the mercury column clearly.

3. Note the calibrations on the side of the thermometer. Each long line stands for one degree. Each short line between the long lines stands for two tenths (0.2) of a degree.

4. Look at the end of the mercury and note the line where the mercury ends. If it ends on a short line, note the number of the previous long line. The reading will be the degree of the line plus 2, 4, 6 and 8 tenths of a degree.

   EXAMPLE:



The illustration represents 98.6° Fahrenheit. Note the mercury ends past the long line, which represents 98.6° F, and stops at the third short line, which represents 0.6°.

Electronic Thermometers

Electronic thermometers are portable, battery-powered units that can be recharged between uses. Both Fahrenheit and Celsius versions are available. The electronic unit comes with separate oral and rectal probes, which are often different colors—blue for oral, red for rectal.

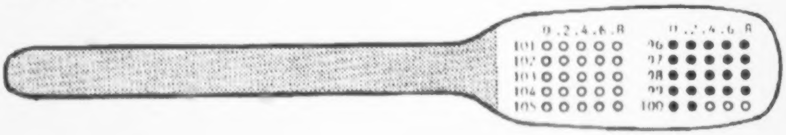
Electronic thermometers cost more than mercury thermometers; but they measure temperatures faster, are easier to read, and are not as easily broken. They are less likely to spread germs because the probes have disposable covers that are used only once.

Disposable thermometers

Disposable oral or axillary thermometers are made of paper and are used only once. They can measure body temperature from 96.0° to 104.8° Fahrenheit. Disposable Celsius thermometers are also available.

Chemical dots on the paper change color to indicate the body temperature after one minute under the tongue or after three minutes in the axilla. The color of the dots stabilizes about six seconds after removal of the thermometer, making a permanent record of the temperature.

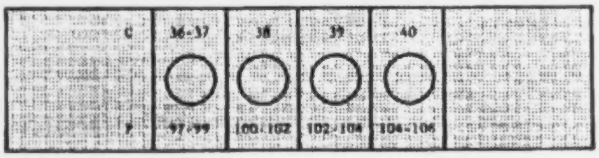
The illustration below indicates a temperature of 100.2° Fahrenheit.



Forehead Strips

Forehead strips are reusable thermometers. A chemical patch changes color to indicate body temperature. To use, apply strip to clean, dry forehead; hold it in place for one minute. Read color chart to determine temperature.

- Use forehead strips indoors within comfortable temperatures away from drafts and strong light.
- Store away from direct sunlight or other source of ultraviolet light.
- Store forehead strips in moderate temperature



OBJECTIVE 2

Take pulse and respirations

INTRODUCTION

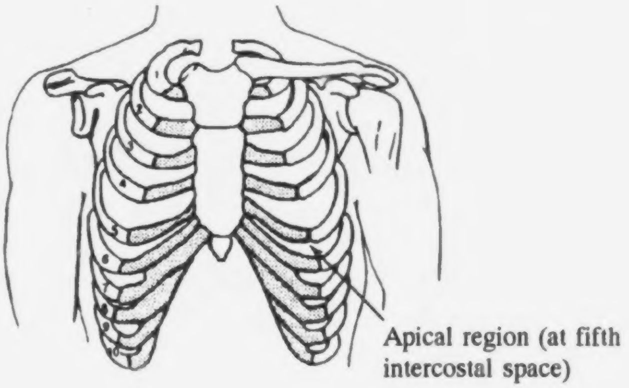
The pulse is a measure of heart beats per minute.

Pulse can be measured directly over the heart by listening to the heart with an instrument called a *stethoscope*, or it can be measured by feeling specific arteries in the body. Pulse is felt as a wave of blood pushes through an artery, causing the artery to expand and contract.

The radial artery in the wrist is often used to measure pulse because it lies close to the skin and the pulsation of the artery is easily felt. Apical pulse is the preferred site for counting an infant's pulse because feeling a pulse in an infant's wrist or arm is difficult.

Terms associated with pulse and respirations

Apical — Pertaining to the heart or the apex of the heart; the apical region is located at the fifth intercostal space just under the left nipple on the chest



Artery — Arteries are blood vessels that take blood from the heart to the rest of the body; the radial artery is often used to feel pulse to determine heart rate

Bradycardia — Heart rate that drops below 60 beats per minute

NOTE: Report bradycardia to supervisor or caregiver.

Intercostal space — Area between the ribs of the chest; heart sounds are best heard at the fifth intercostal space at the left nipple line

NOTE: To find the intercostal spaces, feel for the ribs and count from the top down until you feel the fifth rib. The space directly below this rib is the fifth intercostal space.

Pulse — Measurement of heart rate; pulse is felt as a wave of blood pushes through an artery, causing the artery to expand and contract (pulsate)

Radial — Pertaining to the wrist

Respiration — Act of breathing in and out; respiratory rate is measured in breaths per minute; respirations are comprised of two parts: *inspiration* (breathing in), and *expiration* (breathing out)

Stethoscope — Instrument used to listen to internal body sounds; a stethoscope is used to listen to heart sounds when determining apical heart rate

Tachycardia — Pulse rate over 100 beats per minute, resulting from excitement, stress, stimulants, or illness such as shock or infection

Normal range for pulse and respirations

Average pulse rate per minute for well persons at various ages (*Fundamentals of Nursing*, J.B. Lippincott).

Age	Pulse Rate
Birth	120
1 yr	110
5 yrs	95
10 yrs	85
Adolescent	80
Adult	75

Normal respiratory rate for adults is 14 to 20 respirations a minute. Consistent respiratory rate which exceeds 40 per minute should be reported to supervisor.

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Factors that influence pulse rate and respirations

Age — Pulse and respiratory rates are generally higher in infants and small children

Emotions — Excitement, fear, or stress will alter heart and respiration rates

Exercise — Physical exertion will usually increase heart rate and respiration

Illness — Fever and infection often will increase heart rate. Other illnesses and diseases can cause changes in pulse and respirations

Medications — Many medications will alter pulse and respiratory rate

Obesity — Excessive weight puts added stress on the heart and lungs, causing increased rate in pulse and respiration

Pregnancy — Pregnancy causes an increase in blood and fluid volume, and increases heart rate to meet the extra demands on the heart

Smoking — Nicotine found in tobacco will affect heart rate and respirations

Stimulants — Consuming substances containing caffeine will cause an increase in pulse

Qualities of heart sounds

Rate — Number per minute

Rhythm — Regular or irregular beating

Strength — Distinct or thready

OBJECTIVE 3

Take blood pressure

INTRODUCTION

Blood pressure is a measure of the tension of the blood within the arteries. As a care provider, you will need to know how to measure blood pressure accurately. Blood pressure is a valuable assessment tool in determining a client's overall status.

Contraindications

Do not take blood pressure in the affected arm of the client who...

- Has had a stroke and whose arm is weakened
- Has had a mastectomy (removal of the breast) on that side
- Has an intravenous (IV) line in that arm
- Has had surgery on that arm or shoulder

In the above cases, simply use the arm *opposite* the affected arm for blood pressure measurement.

Terms associated with blood pressure measurement

Aneroid — Type of pressure gauge without mercury used in some sphygmomanometers; consists of a round, calibrated dial with a pointer needle that indicates pressure.

Blood pressure — Amount of force on the artery wall as a wave of blood flows through artery; consists of two parts: systolic and diastolic pressures. Pressure is measured in units called *millimeters* of *mercury*, and is written as *mmHg*.

Brachial artery — Artery that runs along the inner aspect of the arm; can be felt as a pulse on inside of elbow.

Diastolic — Amount of pressure exerted on the artery wall as the heart relaxes between contractions; recorded as the bottom number of the blood pressure reading.

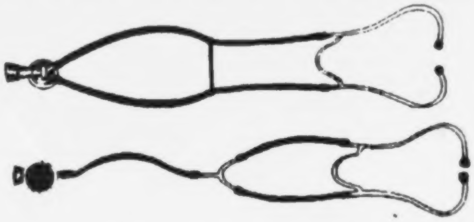
Korotkoff sounds — Sounds heard over an artery when the blood pressure is being measured; also called *pulse sounds*.

Meniscus — Curved portion at the top of the mercury column in a mercury pressure gauge. The pressure reading is made at the level of the meniscus.

Mercury — Type of pressure gauge used in some sphygmomanometers; consists of a vertical column meter in which mercury level indicates pressure measurement.

Sphygmomanometer — Instrument for measuring the blood pressure. It is composed of a blood pressure cuff with inflatable bladder, and a pressure gauge. The pressure gauge can be of the aneroid or mercury type.

Stethoscope — Instrument used to hear sounds within the body; used in blood pressure measurement to listen to Korotkoff sounds over the brachial artery. There are two sides of a chestpiece with which to listen: the bell and the diaphragm.



Systolic — Amount of pressure exerted on the artery wall as the heart contracts and forces blood through the body via the arterial system; recorded as the top number of the blood pressure reading.

Factors that influence blood pressure

Age — A steady rise in blood pressure is expected in healthy individuals

Body temperature — When the body temperature is elevated or the individual is in a very warm environment, blood pressure tends to decrease

Emotions — Anger, fear, and excitement can cause blood pressure to rise

Exercise — Blood pressure will usually rise with exercise or other strenuous activity

Food — Blood pressure will increase after ingestion of food

Medications — Many medications, especially those for the heart or blood pressure, will affect the blood pressure of the individual

Position — Blood pressure is generally lower lying down than when sitting or standing

Sex — Females usually have a lower blood pressure than males at the same age

Normal ranges of blood pressure

Blood pressure of healthy individuals can be within a wide range and still be considered normal. Since individual differences are present, it is important to know what is a normal range of blood pressure for your client. The following table shows the upper limits of normal blood pressure as determined by the American Heart Association.

Age	Blood Pressure
Infants	90/60
3 to 6 years	110/70
7 to 10 years	120/80
11 to 15 years	130/80
15 to 20 years	130/85
20 to 40 years	140/90
40 to 60 years	160/95
60 to 75 years	170/95
75 years and older	180/100

WARNING

IF BLOOD PRESSURE IN YOUR CLIENT IS LESS THAN 90/60 OR GREATER THAN ABOVE GUIDELINES FOR MAXIMUM NORMAL BLOOD PRESSURE, NOTIFY YOUR SUPERVISOR.

Common errors in blood pressure measurement

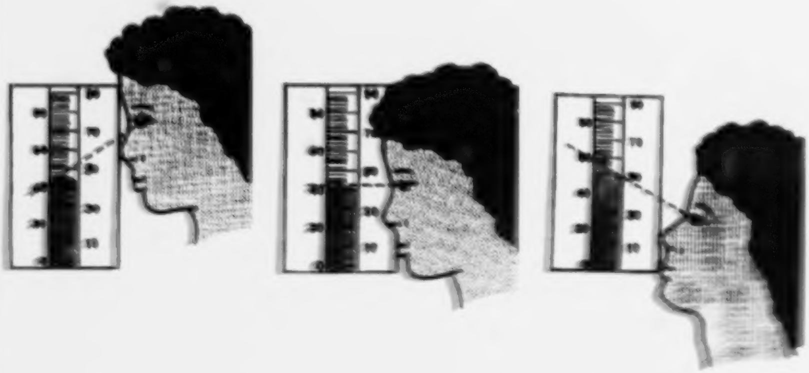
- **Selection of wrong blood pressure cuff**

  The width of the blood pressure cuff is an important factor in obtaining accurate blood pressure readings. The cuff should be 20 percent wider than the diameter of the arm. There are basically three sizes of cuffs available:

  Small — used for children and very thin adults
  Medium — appropriate for most average adults
  Large — often called a *thigh* cuff, this cuff is used for obese adults

- **Reading pressure gauge inaccurately**

For accurate blood pressure readings, observe the sphygmomanometer directly and at eye level. When reading a mercury manometer, observe the meniscus at eye level to determine blood pressure. The pressure reading can be inaccurate if observed at an angle.



When using an aneroid manometer for blood pressure measurement, read the dial gauge straight on for optimal accuracy. Notice in the illustration below how tilting the dial can obscure your ability to read the dial accurately. Dial C is positioned for direct viewing, and the scale can be read easily.

A. Wrong

B. Wrong

C. Correct

- **Positioning the arm incorrectly for blood pressure reading**

  Hold the limb used for blood pressure reading at the level of the heart. Inaccurate readings can result if the arm is held too high or is allowed to drop too low.

OBJECTIVE 4 **Monitor fluid intake and output**

INTRODUCTION

It may be necessary for you to monitor intake and output measurements for your client. Fluids are monitored for individuals who may have difficulty maintaining a proper fluid balance. Fluid imbalances in the body can cause a serious health threat to many individuals. It is important for you to be familiar with units of fluid measurement and how to compile the data needed for fluid intake/output monitoring.

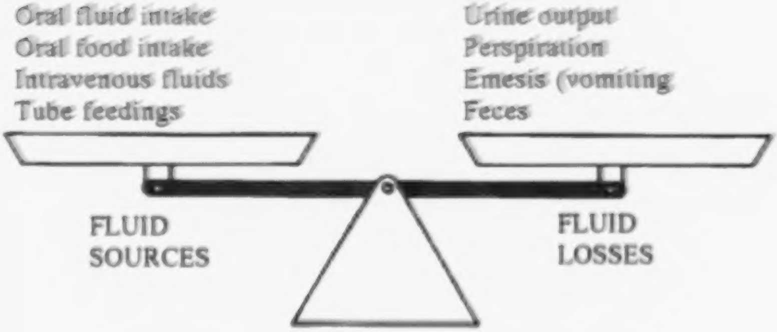
Fluid balance

The body takes in fluids from a variety of sources, and disposes of wastes and excess fluids as a way to maintain *homeostasis*, which is a term used to describe the body's ability to maintain fluid balance.

INTAKE:	OUTPUT:
Oral fluids	Urine
Oral foods	Perspiration
Intravenous fluids	Emesis (vomiting)
Tube feedings	Feces

The illustration below outlines the balance of fluids in the body.

FLUID BALANCE



Factors that influence fluid balance

Fluid balance is essential for maintaining a healthy body. Fluid imbalances can seriously threaten even healthy individuals. Many conditions can threaten fluid balance.

- *Physical activity in hot environment can cause excessive fluid loss through sweating.*

- Inadequate fluid intake when needs are high such as on a hot day or during an illness, can cause fluid imbalance.

- Diseases such as diabetes or infection; burn injuries, and surgical procedures can also upset fluid balance.

- Pregnant and breast-feeding women need more fluid intake due to the extra demands on their bodies.

- Age is a factor in maintaining fluid balance. Infants and the elderly have a much more delicate fluid balance than do young adults, and suffer from the fluid deficits (not enough fluid in the body) more quickly.

- Medications can alter fluid balance. Diuretics are commonly used to help the kidneys eliminate excess fluids by increasing the urine output.

Units of fluid measure

ENGLISH	METRIC
1 oz	30 cc
2 oz	60 cc
3 oz	90 cc
4 oz	120 cc
5 oz	150 cc
6 oz	180 cc
7 oz	210 cc
8 oz	240 cc
10 oz	300 cc
12 oz	360 cc

NOTE: Consult your agency to determine which unit of measure is preferred, ounces or cubic centimeters. Whatever method of measurement your agency suggests to use, remember to use that unit of measure. Inaccurate data can result from combining different units of measure.

Volume measurement of common fluid containers

The following table lists several household containers and the volume of liquid each will hold.

Item	Ounces	Cubic Centimeters
Small glass	4	120
Large glass	8	240
*Measuring cup (1 cup)	8	240
Iced tea glass	12	360
Soda can	12	360
Coffee cup	8	240
Small bowl	8	240
Large bowl	12	360

* For the most accurate monitoring, measure fluids in a calibrated measuring cup before offering to client. Measure and record all beverages. Also count examples of liquid foods such as soup, pudding, ice cream, and custard.

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OBJECTIVE 5

Record vital signs information

INTRODUCTION

Recording vital signs information clearly and accurately is very important.

Your agency may have a special form to use for recording vital signs and intake/output. Ask your particular agency about the policy.

When taking vital signs, immediately write findings on paper, then transfer the information to permanent record after you have completed your task and you have made the client comfortable.

Guidelines

The client's record or care plan is a legal document; therefore, several guidelines must be followed:

- Make sure the client's name is clearly marked on the form.
- Write clearly so that entry can be easily read.
- Use clearly written numbers and decimal points accurately.
- Document date and time vital signs were taken.
- Identify method of measuring temperature (oral, rectal, or axillary), and scale of temperature (°C or °F).
- Identify units of liquid measure (ounces or cc).
- Always use ink on the client's record.
- Never erase or cover any previously recorded writing.
- If required by your agency, sign your name clearly on the designated space on the document.

ASSIGNMENT SHEET 1

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

OBJECTIVE 4

Monitor fluid intake and output

Name______________________________**Score**____________

DIRECTIONS

Complete the 24-hour intake/output worksheet. Follow the example, using cubic centimeters.

EXAMPLE:

FLUID DIARY	OUTPUT RECORD
Breakfast:	Urine:
1 coffee cup coffee	300 cc
1/2 small glass milk	200 cc
Lunch:	
1 can soda	450 cc
1 small bowl ice cream	300 cc
Dinner:	Emesis:
1 large glass milk	250 cc
1 small bowl gelatin	

INTAKE		OUTPUT	
Coffee	240 cc	Urine	300 cc
Milk	120 cc	Urine	200 cc
Soda	360 cc	Urine	450 cc
Ice cream	240 cc	Urine	300 cc
Milk	240 cc	Emesis	250 cc
Gelatin	240 cc		

Total Intake 1440 cc   Total Output 1500 cc

PART I

Complete the intake/output form below, using the information given.

FLUID DIARY

Breakfast:
- 1 small glass orange juice
- 1/2 cup milk

Lunch:
- 1 small bowl soup
- 1 can soda

Snack:
- 1/2 small bowl ice cream
- 1 small glass milk

Dinner:
- 1 1/2 large glasses iced tea
- 4 ounces ice cream

OUTPUT RECORD

Urine:
- 400 cc
- 200 cc
- 150 cc
- 500 cc

Emesis:
- 200 cc
- 100 cc

INTAKE	OUTPUT

Total Intake_______

Total Output______

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PART II

Consider a client who, because of illness, requires nasogastric tube feedings to receive adequate nutrition. You may be required to aid in the monitoring of intake and output of these individuals. Other clients may have catheters to drain urine from the bladder or colostomies to empty feces from the intestines.

Complete the following intake/output worksheet, using the data provided.

FLUID DIARY		OUTPUT RECORD	
Tube feeding:		Urinary catheter:	
Ensure	200 cc	Emptied	800 cc
Ensure	200 cc	Emptied	600 cc
Ensure	200 cc		
Water	50 cc		

INTAKE	OUTPUT
Total Intake_______	Total Output_______

ASSIGNMENT SHEET 2

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

OBJECTIVE 5 **Record vital signs information**

Name____________________________________**Score**______________

INSTRUCTIONS Complete the chart forms below using the information found in the narrative. Follow the example given.

EXAMPLE:
Vital signs were taken on Mr. Kent at 8:00 A.M. Temperature was 98.8° F taken orally. Pulse was 68 beats/minute, and blood pressure was 134 over 82. At 8:00 P.M. his temperature was the same, but his pulse was 88 and his blood pressure was 160 over 80. Respirations were 20 breaths per minute each time.

Vital Signs		Kent, Clark Dr. Xpert
DATE:	January 20, 1989	
TIME:	8:00 a.m.	8:00 p.m.
Temperature	98.8° F	98.8° F
Pulse	68/min	88/min
Respirations	20/min	20/min
Blood Pressure	134/82	160/80

Complete the vital signs chart on the next page, using the following information:

On January 8, 1989, Mrs. Thorn was not feeling well and asked her caregiver to take her vital signs. You took her temperature, pulse, and respirations, as well as her blood pressure at 7:30 A.M. You obtained the following information:

Blood pressure: 100/60
Temperature: 98.4° F
Pulse: 60/minute
Respirations: 26/minute

Later that morning (10:30), after you helped Mrs. Thorn with her bath, she began to complain of feeling weak and faint. You immediately took her pulse, respirations, and blood pressure. Your findings were as follows:

Pulse: 50/minute
Respirations: 10/minute
Blood pressure: 60/40

Vital Signs	Thorn, Rosey Dr. Getwell

DATE:

TIME:

TEMP:

PULSE:

RESP:

BP:

Now that you have recorded the vital signs, what would you do for Mrs. Thorn?

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Assignment Sheet 1

PART I

INTAKE		OUTPUT	
Juice	120 cc	Urine	400 cc
Milk	120 cc	Urine	200 cc
Soup	240 cc	Urine	150 cc
Soda	360 cc	Urine	500 cc
Ice cream	120 cc	Emesis	200 cc
Milk	120 cc	Emesis	100 cc
Tea	360 cc		
Ice cream	120 cc		
Total	1560 cc	Total	1550 cc

PART II

INTAKE		OUTPUT	
Ensure	200 cc	Urine	800 cc
Ensure	200 cc	Urine	600 cc
Ensure	200 cc		
Water	50 cc		
Total	650 cc	Total	1400 cc

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Assignment Sheet 2

Vital Signs		Thorn, Rosey Dr. Getwell
DATE: January 8, 1989		
TIME:	0730	1030
TEMP:	98.4° F	
PULSE:	60/min	50/min
RESP:	26/min	10/min
BP:	100/60	60/40

Immediately help Mrs. Thorn lie down. Continue to talk to her and see if she can still talk to you. Using the nearest phone, call Dr. Getwell and your supervisor. Continue to monitor her vital signs; if Mrs. Thorn does not improve, or if she becomes worse or unresponsive, call an ambulance.

PROCEDURE 1

Clean a Mercury Thermometer

INTRODUCTION

Your client's family may have a special method that they wish you to follow for cleaning a thermometer. Some families choose to wash the thermometer, then disinfect it, then store it in an antiseptic solution. If they do not have a special method, you may use just soap and cool water.

Even if your client is the only person to use the thermometer and it is kept in the client's room, you still must clean it after each use and before storage.

GUIDELINES

Safety factors are important when you clean mercury thermometers:

- ALWAYS USE COOL TAP WATER WHEN CLEANING THERMOMETER
- Handle carefully to avoid breakage
- Clean rectal thermometers separately form oral thermometers

EQUIPMENT AND MATERIALS

- Thermometer and case
- Soap
- Cool tap water
- Cotton balls
- Two small basins
- Antiseptic solution

PROCEDURE

1. Wash hands
2. Gather necessary equipment and take to sink or work place
3. Fill one basin with cool water and soap
4. Fill other basin with antiseptic solution
5. Wash thermometer

   a. Place thermometer in soapy water

   b. Using cotton balls, wipe from stem down to tip of thermometer

   c. Rinse thermometer in *cool* water

   d. If you are not going to disinfect the thermometer, dry it now with clean cotton balls

6. Disinfect thermometer

   a. Place thermometer in antiseptic solution

   b. Remove thermometer from solution

   c. Rinse with *cool* water

   d. Dry with clean cotton balls

7. Store thermometer in its case or in container with antiseptic solution

8. Discard cotton balls and replace equipment

9. Wash hands

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PROCEDURE 2

Shake Down a Mercury Thermometer

INTRODUCTION

The mercury in the thermometer stays at its previous reading until someone shakes the thermometer. Getting an accurate temperature reading requires having the mercury level lower than the client's body temperature at the beginning of the procedure. Anytime you need to use a mercury thermometer, check that the mercury level is 95.0° Fahrenheit or less before taking the temperature.

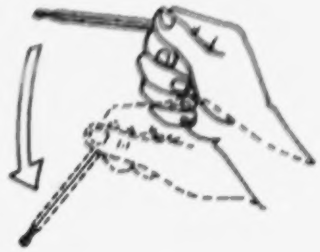
- Shake down thermometer before and after use
- Never touch the bulb end of a thermometer
- Avoid striking the thermometer against anything while shaking it

EQUIPMENT

- Mercury thermometer

PROCEDURE

1. Wash hands
2. Hold stem end of thermometer firmly between thumb and forefinger
3. Check condition of thermometer to make sure it is not cracked or chipped
4. Check area around you to make sure you do not accidentally hit anything while shaking thermometer
5. Shake thermometer by snapping wrist downward as if shaking water from your fingers



6. Repeat shaking thermometer until mercury is below 95.0° F

PROCEDURE 3

Take an Oral Temperature

INTRODUCTION

Taking an oral temperature is perhaps the most common way to determine body temperature. Placed under the tongue where blood vessels are close to the surface, the tip of the thermometer measures internal temperature. The mouth is easy to get to without having to remove any clothing.

GUIDELINES

- Wait 10 to 15 minutes to take the temperature if client has been eating, drinking, smoking, or chewing gum within the last 15 minutes
- Always hold the thermometer by the stem end, not the bulb end
- Make sure that the mercury thermometer is clean with no chips or cracks and that it can be easily read
- Never use warm or hot water to clean mercury thermometer
- Shake thermometer down to less than 95° F before and after taking temperature

EQUIPMENT AND MATERIALS

For mercury thermometer

- Oral thermometer with case
- Watch with a second hand
- Clean tissue
- Paper and pen
- Clean, disposable gloves (optional)
- Plastic thermometer covers (optional)

PROCEDURE

1. Wash hands
2. Assemble equipment and take to client
3. Explain procedure to client

4. Assist client to a sitting or lying position

5. Put on disposable gloves (optional)

6. Shake thermometer down until mercury level is less than 95° F

7. Rinse bulb of thermometer under *cool* water to remove antiseptic solution and to moisten tip

   OR...

   Place plastic cover over thermometer

8. Gently place mercury bulb under client's tongue; ask client to keep lips closed without biting thermometer

9. Leave thermometer in place for eight minutes; remain with client during this time

10. Remove thermometer carefully

11. Wipe thermometer with tissue, wiping from stem to bulb; discard tissue

    OR...

    Remove plastic cover and discard

12. Read thermometer and immediately record temperature on paper

13. Shake mercury down to 95 ° F or below

14. Clean thermometer

15. Return thermometer to case

16. Remove and discard gloves

17. Make client comfortable

18. Return supplies to proper storage

19. Wash hands

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20. Record temperature on care plan

21. Report any deviation from usual temperature to caregiver or supervisor

EQUIPMENT AND MATERIALS

For electronic thermometer

- Electronic thermometer
- Oral probe for thermometer
- Disposable probe cover
- Paper and pen
- Clean, disposable gloves

PROCEDURE

For electronic thermometer

1. Wash hands

2. Assemble equipment

3. Put on disposable gloves

4. Prepare thermometer

    a. Plug oral probe into electric unit

    b. Activate electronic thermometer according to instructions

    c. Put cover on probe tip according to instructions

5. Explain procedure to client

6. Assist client to a sitting or lying position

7. Place covered probe under client's tongue

8. Ask client to close mouth gently around probe without biting down on probe

9. Leave probe in place until the electronic signal indicates that thermometer has measured temperature

10. Read temperature on digital display and immediately record temperature on paper

11. Remove probe from client's mouth
12. Discard probe cover without touching it by pressing eject button on probe
13. Return probe to holder
14. Remove and discard gloves
15. Make client comfortable
16. Return electronic thermometer to charging unit
17. Wash hands
18. Record temperature on client's care plan
19. Report any deviations from usual temperature to caregiver or supervisor

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PROCEDURE 4

Take an Axillary Temperature

INTRODUCTION AND GUIDELINES

Taking an axillary temperature is an alternative to taking an oral or rectal temperature. It is the safest but least reliable method of obtaining body temperature.

- Never take an axillary temperature right after the client's bath or shower; any dampness in the armpit will affect the temperature reading
- Use an oral or rectal thermometer that has been cleaned
- Write *ax* beside the recorded temperature on the care plan to point out that the temperature is an axillary reading because the temperature registered at the axillary site will usually be one Fahrenheit degree lower than the normal oral temperature and two Fahrenheit degrees lower than the normal rectal temperature

EQUIPMENT AND MATERIALS

For mercury thermometer

- Mercury thermometer
- Watch with a second hand
- Paper and pen
- Clean tissue

PROCEDURE

For mercury thermometer

1. Wash hands
2. Assemble equipment, including clean thermometer, and take to client
3. Explain procedure to client
4. Assist client to a sitting or lying position
5. Remove the client's arm from sleeve of the gown or clothes
6. If axilla is damp, pat it dry with tissue

NOTE: Avoid excessive rubbing of the armpit because it will generate heat.

7. Check thermometer for any cracks or chips
8. Shake thermometer down to 95 ° F or less
9. Place thermometer in axilla with mercury tip pointing slightly upward toward the shoulder
10. Place client's arm across chest or abdomen to hold thermometer in place
11. Leave thermometer in place 10 minutes; stay with the client
12. Remove thermometer
13. Wipe with tissue from stem end downward
14. Read thermometer and immediately record temperature on paper, writing *ax* to indicate it was an axillary reading
15. Put client's arm back through sleeve and make client comfortable
16. Shake thermometer down to at least 95° F
17. Clean thermometer
18. Return equipment to storage area
19. Wash hands
20. Record temperature on care plan, writing *ax* beside the temperature
21. Report any deviations from normal temperature to caregiver or supervisor

EQUIPMENT AND MATERIALS

For electronic thermometer

- Electronic thermometer
- Disposable probe cover
- Paper and pen
- Clean tissue

PROCEDURE

For electronic thermometer

1. Wash hands
2. Assemble equipment
3. Plug probe into unit
4. Activate electronic thermometer according to instructions
5. Put cover over probe
6. Explain procedure to client
7. Assist client to a sitting or lying position
8. Remove client's arm from sleeve of clothing or gown
9. If axilla is damp, pat dry with tissue
10. Place probe tip in axilla
11. Place client's arm across chest or abdomen to hold thermometer probe in place
12. Leave probe in place until electronic signal indicates that thermometer has completed the reading
13. Read temperature on digital display and immediately record temperature on paper, writing *ax* to indicate temperature is an axillary reading
14. Press eject button to release probe cover
15. Put client's arm back through sleeve and make client comfortable
16. Return electronic thermometer to charging unit
17. Wash hands
18. Record temperature on care plan, writing *ax* beside the temperature
19. Report any deviations from normal temperature to caregiver or supervisor

PROCEDURE 5

Take a Rectal Temperature

INTRODUCTION AND GUIDELINES

You should discuss with your client's family how they want you to take the client's temperature. If you are to use the rectal method, be sure to get suggestions about the most comfortable way to position the client on his or her side if there are special problems such as a weakened side, sores, or tubes and equipment.

If the client is a child, you will also need to determine if the child is familiar with the rectal method and if there have been any special problems using the method.

Check that the thermometer is a rectal thermometer. A rectal thermometer usually has a rounded bulb to lessen the possibility of injuring the rectum during the process. Rectal thermometers also have a red tip opposite the bulb which further identifies it as a rectal thermometer.

EQUIPMENT AND MATERIALS

For mercury thermometer

- Mercury thermometer marked *Rectal*
- Watch with a second hand
- Paper and pen
- Clean tissues
- Lubricant
- Clean, disposable gloves

PROCEDURE

For mercury thermometer

1. Wash hands
2. Assemble equipment and take to client
3. Check that thermometer is a rectal thermometer and that it has no chips or cracks
4. Shake thermometer down to 95° F or less
5. Explain procedure to client

6. Provide privacy

7. Put on disposable gloves

8. Lubricate bulb of thermometer, using a small amount of lubricant on a tissue

9. Turn back covers or clothing just enough so you can see the rectal area; avoid overexposing the client

10. Insert thermometer

    a. Adult or child

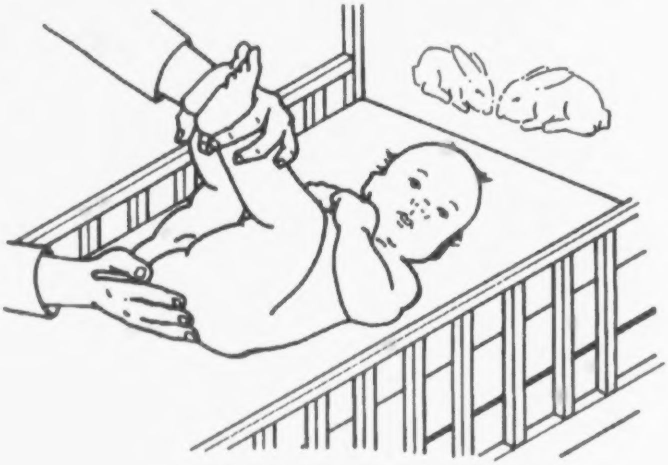
        1) Raise upper buttock to expose anus

        2) Insert lubricated bulb gently into rectum 1/2 to 1 inch for a child, 1 inch to 1 1/2 inches for adult

    b. Infant

        1) With one hand, lift the infant's legs while firmly holding ankles

        2) With other hand, gently insert just the bulb of the lubricated thermometer about 1/4 to 1/2 inch into anus; hold thermometer in place by gently pressing infant's buttocks together with heel of your hand and fingers



11. Hold thermometer in place for 8 minutes

WARNING
Never leave client while taking a rectal temperature. If the client moves while the thermometer is not being held, injury to the rectum can result.

12. Remove thermometer

13. Wipe thermometer with tissue from stem to bulb; discard tissue

14. Read thermometer and immediately write temperature down, writing *R* to indicate that it is a rectal temperature

15. Clean rectal area with tissue; discard tissue

NOTE: If a client is female, wipe from front to back, away from the vagina.

16. Make client comfortable

17. Shake mercury down to 95 ° F or less

18. Clean thermometer and replace in holder

19. Remove and discard gloves

20. Wash hands

21. Return equipment and supplies to proper storage

22. Record temperature on the care plan, writing *R* beside the temperature to indicate it is a rectal reading

23. Report deviation from normal temperature to caregiver or supervisor

EQUIPMENT AND MATERIALS

For electronic thermometer

- Electronic thermometer
- Rectal probe
- Disposable probe cover
- Lubricant
- Clean tissues

- Paper and pen
- Clean, disposable gloves

PROCEDURE

For electronic thermometer

1. Wash hands
2. Assemble equipment
3. Explain procedure to client
4. Provide privacy
5. Put on disposable gloves
6. Prepare thermometer
   a. Plug rectal probe into electronic unit
   b. Activate electronic thermometer according to directions
   c. Put cover on probe tip
   d. Lubricate tip of probe cover with small amount of lubricant on tissue
7. Position adult or child client on side and flex upper knee; place infant on back
8. Turn back covers or clothing just enough so you can see the rectal area; avoid overexposing the client
9. Insert thermometer
   a. Adult or child
      1) Raise upper buttock to expose anus
      2) Insert lubricated probe gently into rectum 1/2 inch
   b. Infant
      1) With one hand, lift infant's legs firmly around ankles

   2) With other hand, gently insert lubricated probe 1/4 to 1/2 inch into rectum; gently press infant's buttocks together with heel and fingers of your hand

10. Hold probe in place until the electronic signal indicates that thermometer has measured the temperature

11. Read temperature on digital display

12. Remove probe from the rectum

13. Immediately write down the temperature, marking it *R* to indicate that it is a rectal temperature

14. Press eject button to remove probe cover

15. Return probe to holder

16. Clean anal area with tissue; discard tissue

    NOTE: If client is female, wipe from front to back, away from the vagina.

17. Make client comfortable

18. Remove and discard gloves

19. Replace electronic thermometer in charging unit, and return other supplies to proper storage

20. Wash your hands

21. Record temperature on client's care plan, writing *R* beside the temperature to indicate it is a rectal reading

22. Report any deviations from usual temperature to caregiver or supervisor

PROCEDURE SHEET 6 | **BASIC RESPITE CARE OBTAIN VITAL SIGNS**

OBJECTIVE 2

Take Pulse and Respirations

EQUIPMENT AND MATERIALS

For radial pulse

- Watch with a second hand
- Pen and paper

PROCEDURE

For radial pulse

1. Wash hands
2. Assemble equipment
3. Explain procedure to client
4. Place client's arms in comfortable position at level of heart

5. Using tips of first two fingers, locate radial pulse on thumb side of client's wrist (see photo on next page)

   NOTE: Do not use your thumb to feel for pulse; it has a pulse of its own and may distract from reading an accurate pulse on your client.

6. Count pulse, exerting slight pressure over radial artery, and using a watch with a second hand for one full minute
7. While still holding client's wrist, observe respirations for one full minute, counting inspiration and expiration without the client's being aware of your observation
8. Record pulse and respiratory rate on paper immediately
9. Make client comfortable
10. Wash hands
11. Record pulse and respirations on care plan
12. Report any deviations from normal pulse and respirations to caregiver or supervisor

EQUIPMENT AND MATERIALS

For apical pulse

- Stethoscope
- Watch with second hand
- Paper and pen

PROCEDURE

For apical pulse

1. Wash hands

2. Assemble equipment
3. Explain procedure to client
4. Provide privacy
5. Position client on back
6. Uncover left side of chest with client positioned on back

7. Locate apex of heart by placing fingertips on client's chest below the left nipple about the fifth intercostal space
8. Place earpieces of stethoscope in ears and place bell over apical region of chest
9. Listen for heart sounds
10. Using the second hand of your watch, count the heart beats for one full minute

    NOTE: There are two parts to each heart beat heard over the heart. You will often hear a "lub-dub" sound as you listen to the heart. Count each "lub-dub" sound as ONE heart beat.

11. Count respirations for one minute as you listen for the strength (distant-sounding or distinct) and rhythm (regular or irregular) of the heart beat
12. Record observations on paper immediately
    a. Apical heart rate
    b. Heart rhythm
    c. Strength of heart sounds
    d. Respirations

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13. Make client comfortable
14. Clean and return equipment
15. Record information and heart rate on care plan
16. Report any deviations from normal findings to caregiver or supervisor

PROCEDURE SHEET 7

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

OBJECTIVE 3

Take Blood Pressure

EQUIPMENT AND MATERIALS

- Sphygmomanometer (either mercury or aneroid type)
- Stethoscope
- Pen and paper
- Cotton balls with antiseptic or antiseptic gauze wipes

PROCEDURE

1. Wash hands

2. Gather necessary equipment and take to client

3. Explain procedure to client

4. Make client comfortable and position client in lying or sitting position

   NOTE: Position client so arm is resting on the bed or arm of chair. Arm should be held at level of heart and the palm of the hand facing upward.

5. Remove constrictive clothing from arm or pull sleeve of clothing up to shoulder

6. Check blood pressure cuff to determine if size of cuff is appropriate for the client

   NOTE: The cuff should be just a little wider (20 percent) than the width of the arm above the elbow.

7. Apply blood pressure cuff snugly to arm about one inch above the elbow; center the rubber bladder of the cuff over the brachial artery (see photo on next page)

   NOTE: Most blood pressure cuffs have an arrow marked to help you identify the center of the bladder. Center this arrow along the inside of the elbow.

8. Clean earpieces and diaphragm of stethoscope with antiseptic on cotton balls or with antiseptic gauze wipes

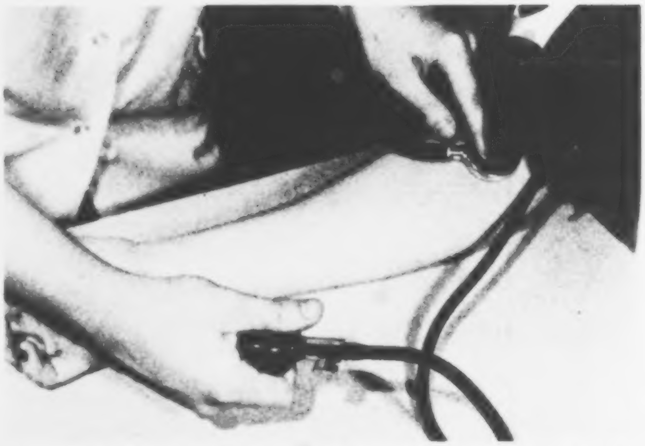
9. Place earpieces of stethoscope in ears

10. Locate brachial artery pulse with fingertips and place diaphragm of stethoscope over pulse beat (see photo on next page)

    NOTE: You will probably not be able to hear pulse beat through stethoscope at this point.

11. Tighten screw on rubber bulb of sphygmomanometer

12. Inflate cuff by squeezing bulb repetitively, listening for Korotkoff sounds to appear and then cease; inflate cuff about 20 mmHg higher after pulse sounds diminish (see photo on next page)



13. Open thumb valve of bulb slightly, gradually releasing the air in the cuff

14. Observe the manometer gauge at eye level, not the level of the meniscus, when the first strong pulse sound is heard; this is the systolic pressure

15. Continue to listen while gradually releasing more air from the cuff and allowing the gauge to lower about 2 to 3 mmHg for each pulse beat

16. Observe the manometer gauge at eye level when the last distinct loud sound is heard; this is the diastolic pressure

NOTE: It is important to hold the stethoscope very still and not move your hands, as sounds of these movements may be confused with pulse sounds.

17. Open bulb valve to deflate cuff fully; pressure will fall to zero

18. Record systolic and diastolic pressures immediately

    NOTE: Blood pressure is written 120/80 and is read as *120 over 80.*

19. Wait one minute with cuff deflated, then repeat the procedure; taking blood pressure again to check for accuracy

    NOTE: Blood pressure measurements can fluctuate slightly in a short period of time.

20. Remove blood pressure cuff from arm and make client comfortable

21. Clean earpieces of stethoscope with antiseptic

22. Return equipment

23. Wash hands

24. Record blood pressure information on care plan

25. Report blood pressure readings that deviate from usual readings to caregiver or supervisor

ACTIVITY SHEET 1

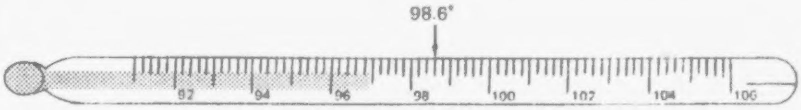
BASIC RESPITE CARE
OBTAIN VITAL SIGNS

ACTIVITY 1

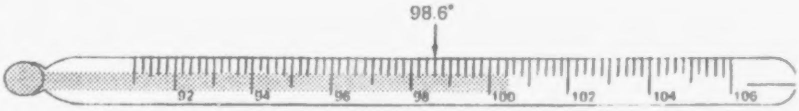
Read Thermometers

PART I

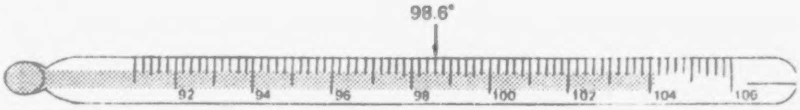
Read the temperatures shown on the following Fahrenheit thermometer illustrations. Write your answers in the blanks.



1.________

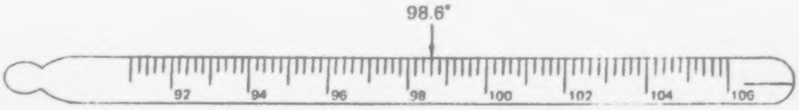


2.________

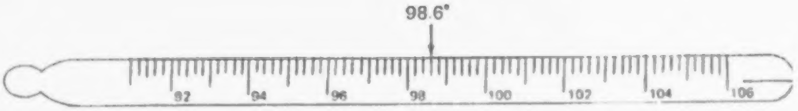


3.________

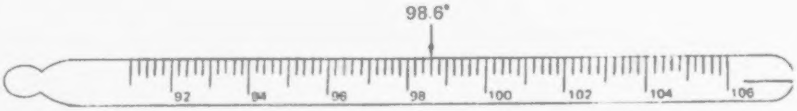
Draw a line on each Fahrenheit thermometer illustration to indicate the following temperatures.



4. 99.2° F



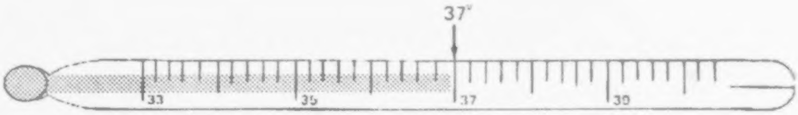
5. 101.8° F



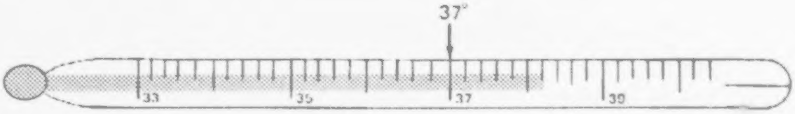
6. 103° F

PART II

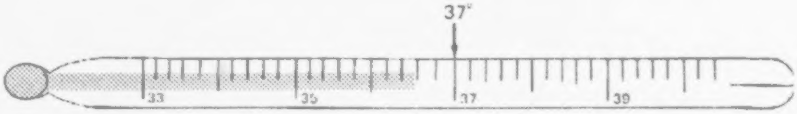
Read the temperatures shown on the following centigrade thermometer illustrations. Write your answers in the blanks.



1.________

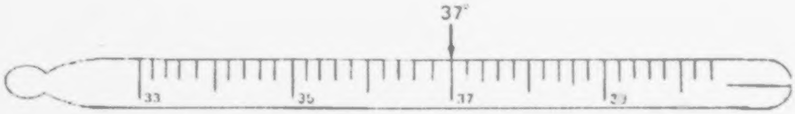


2.________



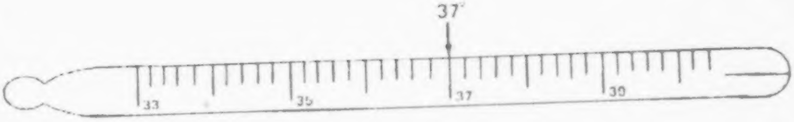
3.________

Draw a line on each centigrade thermometer illustration to indicate the following temperatures.

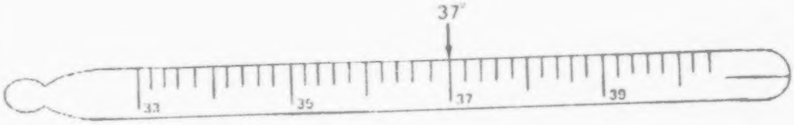


4. 37.2° C

761



5. 39.4° C



6. 38.6° C

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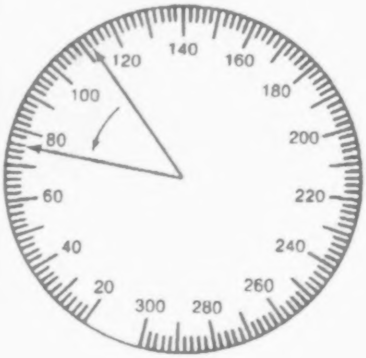
ACTIVITY 2

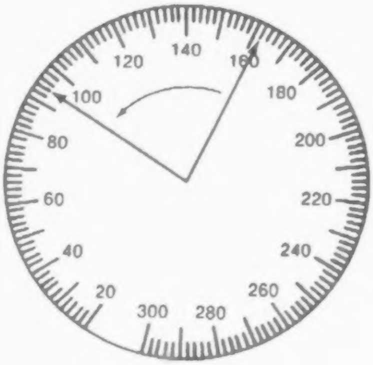
Read Sphygmomanometer Gauges

Marks on both aneroid and mercury gauges are spaced at regular intervals. The long marks are ten mmHg apart, and the short marks are two mmHg apart.

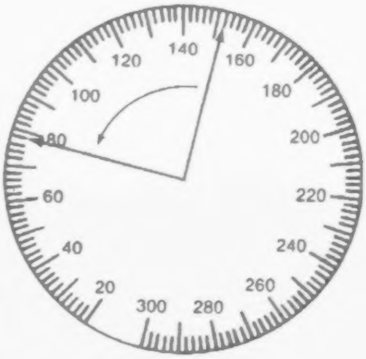
Read the following illustrations of gauges. Write in the blanks the blood pressure shown.



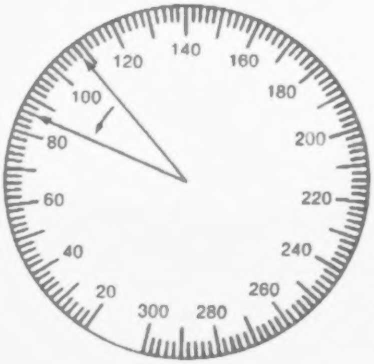
1. BP =_______



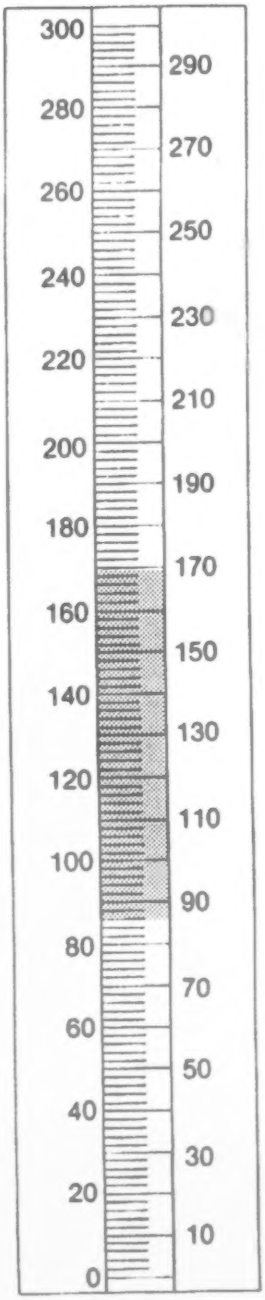
2. BP =_______



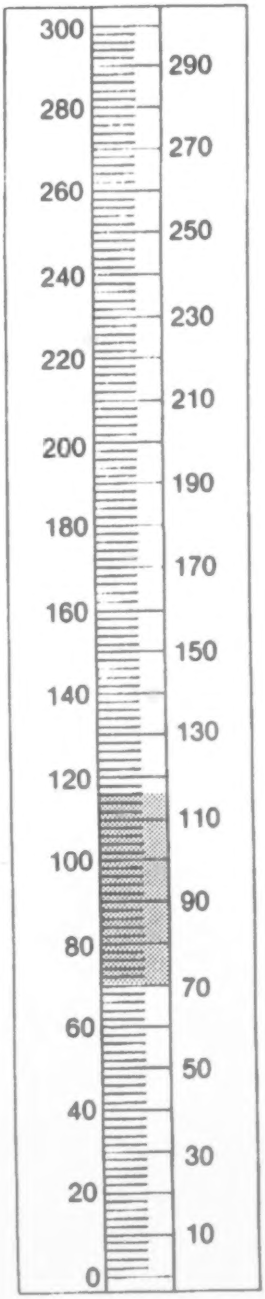
3. BP =_______



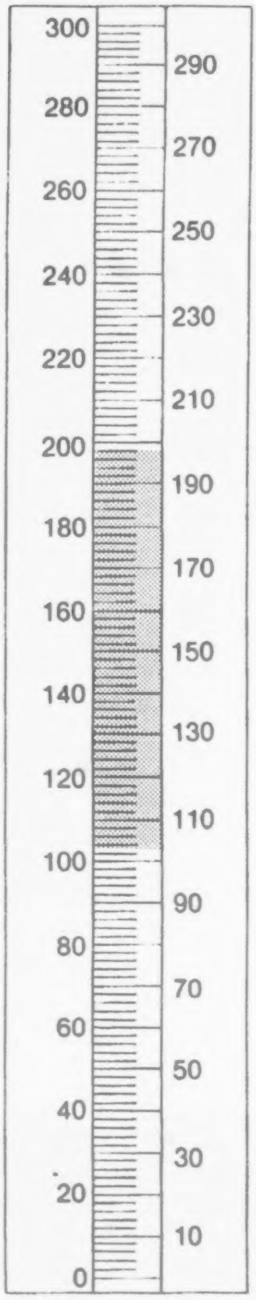
4. BP =_______



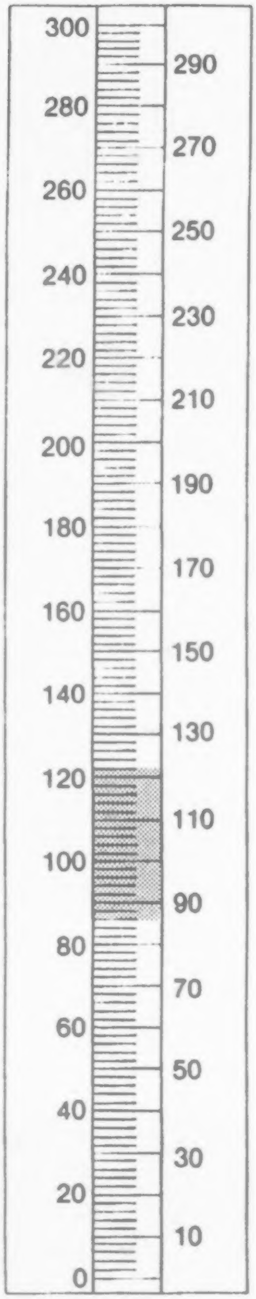
5. BP =________



6. BP =_______



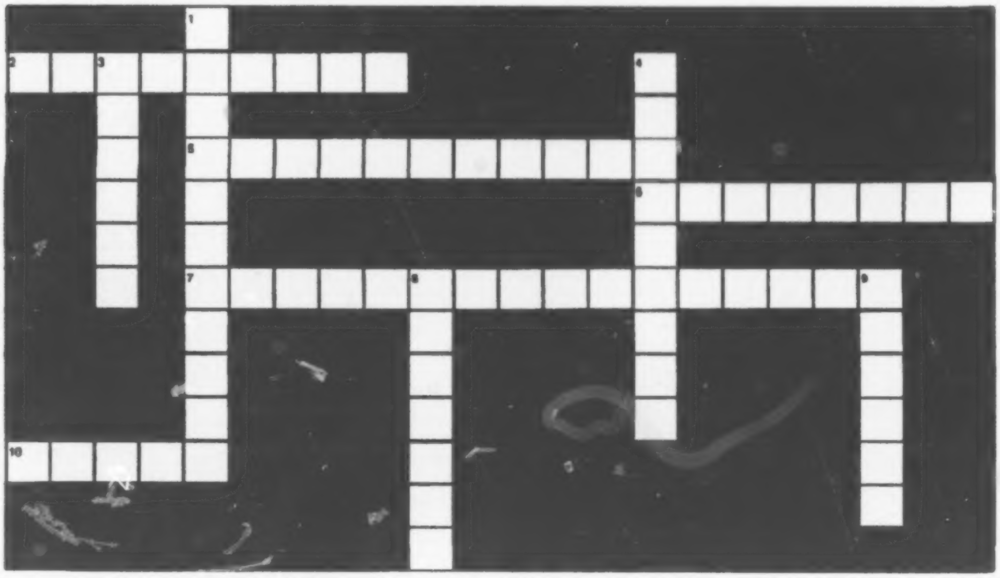
7. BP =_______



8. BP=_______

ACTIVITY SHEET 3 | **BASIC RESPITE CARE**
OBTAIN VITAL SIGNS

ACTIVITY 3 Vital Signs Crossword Puzzle



ACROSS

2. Series of sounds heard when measuring blood pressure; also called pulse beats
5. Rapid heart rate
6. In blood pressure reading 120/80, 120 denotes _______ pressure
7. Instrument for measuring the blood pressure
10. Number of heart beats per minute

DOWN

1. Tool used to listen to internal body sounds
3. Method of taking temperature that is most accurate; normal temperature for this route is 99.6° F
4. The amount of pressure on the artery wall as the heart relaxes; recorded as the bottom number of blood pressure reading
8. Type of manometer used in blood pressure measurement; also the name of the fluid found in glass thermometers
9. Artery that runs along the thumb side of wrist; used to measure pulse

TEST

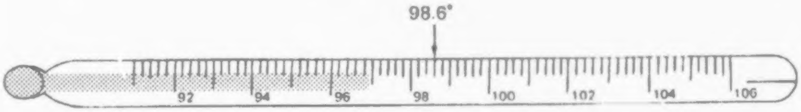
BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name______________________________ Score____________

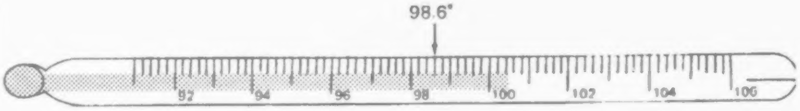
PART I

OBJECTIVE 1

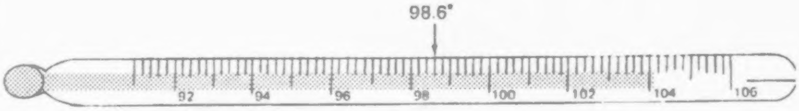
1. Read the following thermometer illustrations. Write the correct temperatures in the blanks; indicate whether the reading is Celsius (C) or Fahrenheit (F).



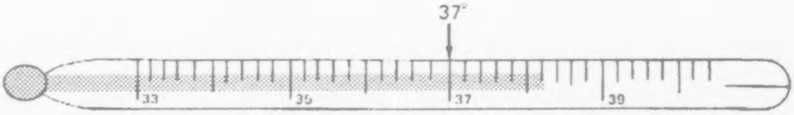
a. _____



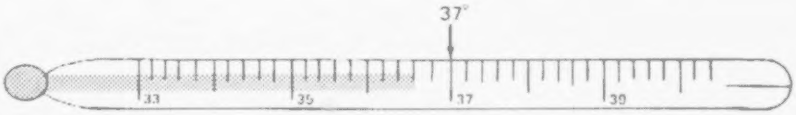
b. _____



c. _____

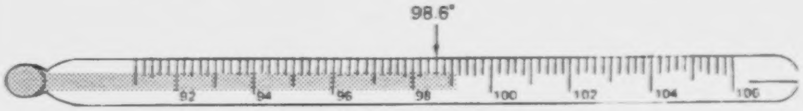


d. _____

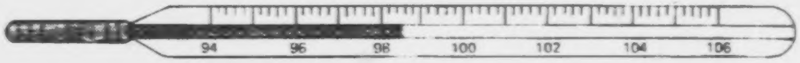


e. _____

2. Distinguish between illustrations of oral and rectal thermometers. Write "Oral" or "Rectal" in the correct blanks.



a.____



b.____

3. Write the normal Fahrenheit temperatures for readings taken with the following methods. Write the correct temperatures in the blanks.

a. Axillary____________________

b. Oral____________________

c. Rectal____________________

OBJECTIVE 2

4. Match the following terms associated with pulse and respirations to their correct definitions. Write the correct numbers in the blanks.

1. Respiration
2. Pulse
3. Tachycardia
4. Bradycardia
5. Intercostal space

___a. Pulse rate over 100 beats per minute

___b. Measurement of heart rate

___c. Act of breathing in and out; measured in breaths per minute

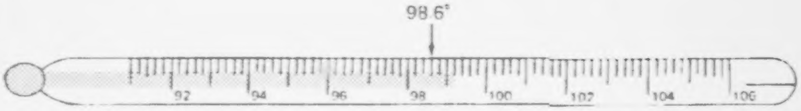
___d. Area between the ribs of the chest

___e. Heart rate that drops below 60 beats per minute

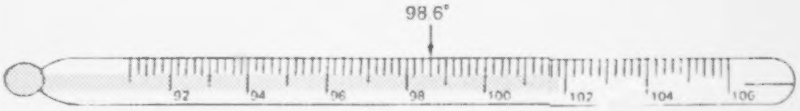
Activity Sheet 1

PART I

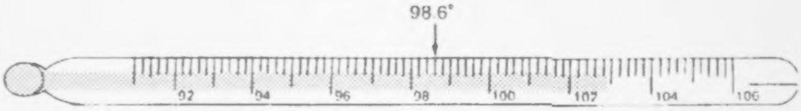
1. 97° F
2. 100.4° F
3. 104.2° F



4.



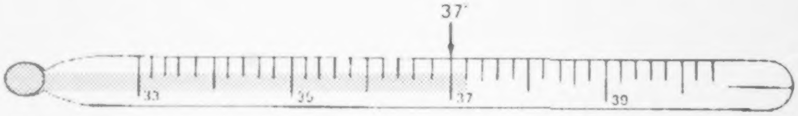
5.



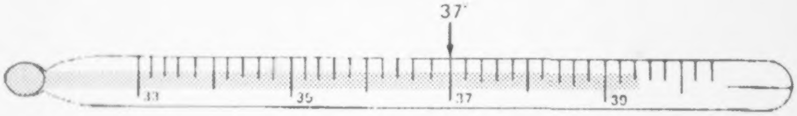
6.

PART II

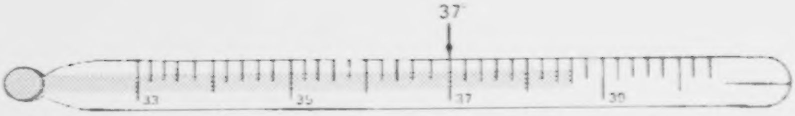
1. 37° C
2. 38.2° C
3. 36.6° C



4.



5.

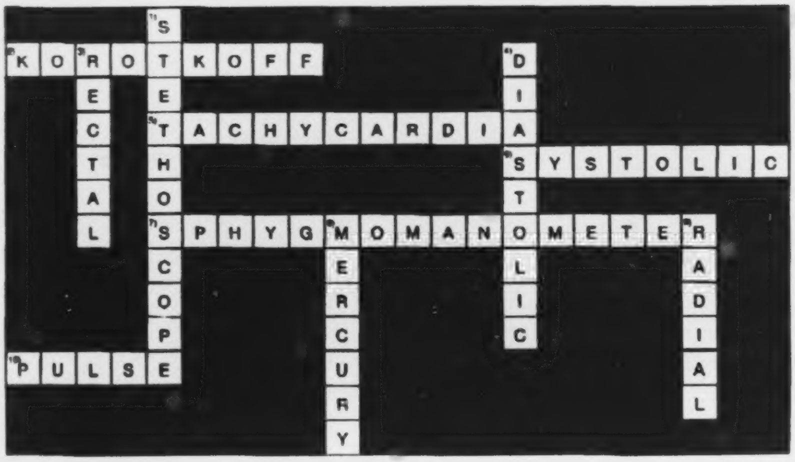


6.

Activity Sheet 2

1. 112/70
2. 162/94
3. 152/78
4. 108/86
5. 170/86
6. 116/70
7. 198/104
8. 122/86

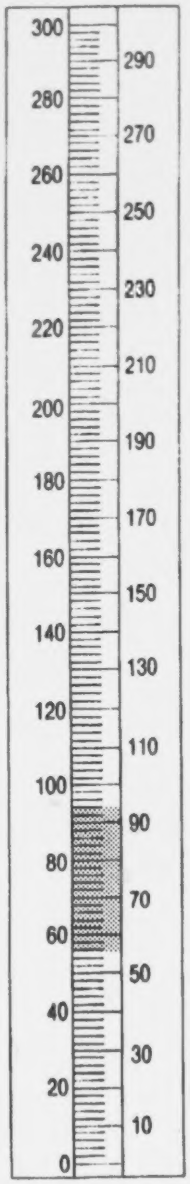
Activity Sheet 3



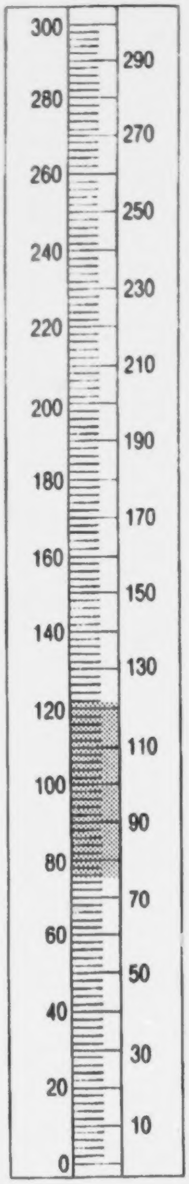
OBJECTIVE 3

Write the correct answers in the blanks.

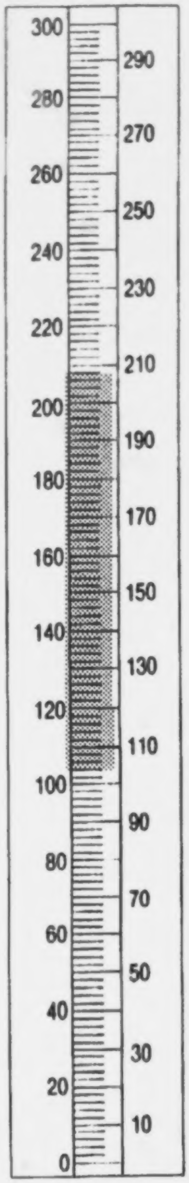
5. Read the following illustrations of blood pressure gauges. Write the correct answers in the blanks.



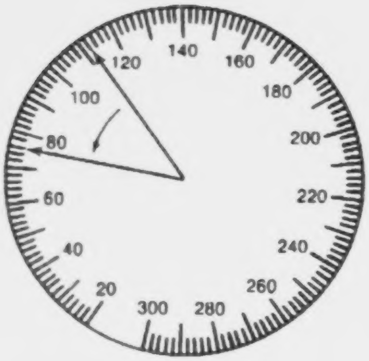
a.__________

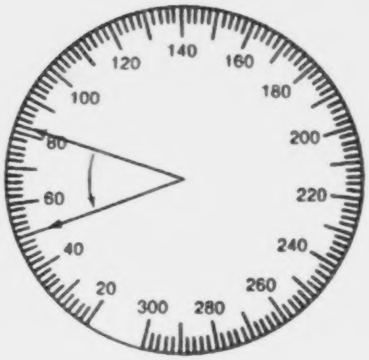


b.__________



c.__________





d.__________ e.___________

6. Write the normal blood pressure for healthy adults 20 to 40 years old.

____

7. List the upper limits of normal blood pressure for individuals who are seventy-five years or older.______________________

8. Blood pressure cuff should be ________________ the diameter of the arm.

9. Which arm would you use for taking blood pressure if the client has had surgery on one shoulder?__________________

10. The limb used for blood pressure reading must be positioned ____________.

OBJECTIVE 4

11. Name four fluid sources (intake).

a.____

b.____

c.____

d. ____

12. Name four fluid losses (output).

a.____

b.____

c.____

d.____

13. Complete the total intake/output record for the situation given for Client X. You will need to refer to the volume measurement of common fluid containers provided. Follow the example given for Client L.

Volume Measurements of Common Fluid Containers

Item	Ounces	Cubic Centimeters
Small glass	4	120
Large glass	8	240
Measuring cup	8	240
Iced tea glass	12	360
Soda can	12	360
Coffee cup	8	240
Small bowl	8	240
Large bowl	12	360

EXAMPLE: Client L

FLUID DIARY	OUTPUT RECORD
Breakfast:	Urine:
1 cup coffee	300 cc
1 large glass juice	300 cc
Lunch:	
1 large glass iced tea	200 cc
1 small bowl gelatin	300 cc
Dinner:	
1 16-oz milkshake	400 cc
1 small glass water	100 cc

INTAKE		OUTPUT	
Coffee	240 cc	Urine	300 cc
Juice	240 cc	Urine	300 cc
Tea	360 cc	Urine	200 cc
Gelatin	240 cc	Urine	300 cc
Milkshake	480 cc	Urine	400 cc
Water	120 cc	Urine	100 cc
Total Intake:	1680 cc	Total Output:	1600 cc

CLIENT X

FLUID DIARY	OUTPUT RECORD
Breakfast:	Urine:
1 small glass juice	100 cc
1 small glass water	180 cc
Lunch:	120 cc
1 small bowl broth	140 cc
1 small glass water	100 cc
Dinner:	250 cc
1 small bowl gelatin	100 cc
	300 cc
IV 1000 cc	300 cc

INTAKE	OUTPUT

Total Intake:_____cc   Total Output:_____cc

OBJECTIVE 5

14. List five guidelines for recording vital signs information. Write the guidelines in the blanks.

a. ______________________________

b. ______________________________

c. ______________________________

d. ______________________________

e. ______________________________

15. Document correctly the vital signs obtained in the performance part of the test.

(Continue with PART II)

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Name ____

PART II

Your instructor will provide you with assignments that involve taking vital signs. You must go through all steps required to complete each procedure.

Your assignments are listed below and will be further explained by your instructor.

	Procedure Assignment	**Date Completed**
OBJECTIVE 1	Obtain temperature readings.	________________
OBJECTIVE 2	Take pulse and respirations.	________________
OBJECTIVE 3	Take blood pressure.	________________

PART I

OBJECTIVE 1

1. a. 97° F
   b. 100.4° F
   c. 104.2° F
   d. 38.2° C
   e. 36.6° C

2. a. Rectal
   b. Oral

3. a. 97.6° F
   b. 98.6° F
   c. 99.6° F

OBJECTIVE 2

4. a. 3
   b. 2
   c. 1
   d. 5
   e. 4

OBJECTIVE 3

5. a. 94/56
   b. 122/76
   c. 208/104
   d. 112/76
   e. 82/50

6. 140/90

7. 180/100

8. *20 percent wider* than the diameter of the arm

9. Arm opposite affected shoulder

10. At the level of the heart

OBJECTIVE 4

11. a. Oral fluids
    b. Oral foods
    c. Intravenous fluids
    d. Tube feedings

12. a. Urine
    b. Perspiration
    c. Emesis (vomiting)
    d. Feces

13.

INTAKE		OUTPUT	
Juice	120 cc	Urine	100 cc
Water	120 cc	Urine	180 cc
Broth	240 cc	Urine	120 cc
Water	120 cc	Urine	140 cc
Gelatin	240 cc	Urine	100 cc
IV	1000 cc	Urine	250 cc
		Urine	100 cc
		Urine	300 cc
		Urine	300 cc
Total Intake:	1840 cc	Total Output:	1590 cc

14. Answers should include any five of the following

  a. Make sure client's name is clearly marked on the form
  b. Write clearly so that entry can be easily read
  c. Use clearly written numbers and decimal points accurately
  d. Document date and time vital signs were taken
  e. Identify method of measuring temperature (oral, rectal, or axillary), and scale of temperature (°C or °F)
  f. Identify units of liquid measure (ounces or cc)
  g. Use ink on client's record
  h. Never erase or cover any previously recorded writing
  i. Sign your name clearly on designated space on document if required by your agency

15. Evaluated to the satisfaction of the instructor

PART II Performance skills evaluated to the satisfaction of the instructor

EVALUATION FORM 1	**BASIC RESPITE CARE OBTAIN VITAL SIGNS**

Name____

PROCEDURE **Clean a mercury thermometer**

EQUIPMENT

- Thermometer and case
- Soap
- Cool tap water
- Cotton balls
- Two small basins
- Antiseptic solution

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Fill one basin with cool water, soap		
4. Fill other basin with antiseptic solution		
5. Place thermometer in soapy water		
6. Wipe from stem to tip		
7. Rinse in cool water		
8. Place thermometer in antiseptic solution		
9. Remove, rinse with cool water		
10. Dry with clean cotton balls		
11. Store thermometer		
12. Discard cotton balls		
13. Store equipment		

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Did the student:	Yes	No
14. Wash hands		
15. Clean rectal thermometers separately from oral thermometers		
16. Use proper body mechanics		

The student has satisfactorily completed the procedure "Clean a Mercury Thermometer" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 2	**BASIC RESPITE CARE** **OBTAIN VITAL SIGNS**

Name____________________________________

PROCEDURE **Shake down a mercury thermometer**

EQUIPMENT

- Mercury thermometer

Did the student:	Yes	No
1. Wash hands		
2. Hold stem end firmly between thumb and forefinger		
3. Check condition of thermometer		
4. Check area		
5. Snap wrist downward to shake thermometer		
6. Check mercury level		
7. Shake thermometer until level is below 95.0° F		
8. Use proper body mechanics		

The student has satisfactorily completed the procedure "Shake Down a Mercury Thermometer" according to the steps outlined.

____
(Date)

____
(Evaluator's Signature)

____
(Evaluator's Position)

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EVALUATION FORM 3

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name____

PROCEDURE

Take an oral temperature (with a mercury thermometer)

EQUIPMENT AND MATERIALS

- Mercury thermometer with case
- Watch with a second hand
- Clean tissue
- Paper and pen
- Clean, disposable gloves (optional)
- Plastic thermometer covers (optional)

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Explain procedure to client		
4. Position client		
5. Put on gloves (optional)		
6. Shake down thermometer		
7. Rinse bulb in cool water or put cover on thermometer		
8. Place bulb gently under client's tongue		
9. Leave thermometer in place for 8 minutes, staying with client		
10. Remove thermometer carefully		
11. Wipe thermometer from stem to bulb with tissue		

Did the student:	Yes	No
12. Read thermometer and record immediately		
13. Shake down thermometer to 95° F or below		
14. Clean thermometer		
15. Return thermometer to case		
16. Remove, discard gloves		
17. Make client comfortable		
18. Return supplies to storage		
19. Wash hands		
20. Record temperature on care plan		
21. Report any deviations from usual temperature to caregiver or supervisor		
22. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take an Oral Temperature" (with mercury thermometer) according to the steps outlined.

_______ (Date)

_______ (Evaluator's Signature)

_______ (Evaluator's Position)

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EVALUATION FORM 4 | **BASIC RESPITE CARE OBTAIN VITAL SIGNS**

Name____

PROCEDURE

Take an oral temperature (with electronic thermometer)

EQUIPMENT AND SUPPLIES

- Electronic thermometer
- Oral probe for thermometer
- Disposable probe cover
- Paper and pen
- Clean, disposable gloves

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Put on gloves		
4. Plug probe into unit		
5. Activate electronic thermometer		
6. Put cover on probe		
7. Explain procedure to client		
8. Position client		
9. Place probe under client's tongue		
10. Ask client to close mouth gently around probe		
11. Leave probe in place until the signal		
12. Read display, record immediately		
13. Remove probe from client's mouth		

Did the student:	Yes	No
14. Discard probe cover		
15. Remove, discard gloves		
16. Make client comfortable		
17. Return thermometer to charging unit		
18. Wash hands		
19. Record temperature on client's care plan		
20. Report any deviations from usual temperature to caregiver or supervisor		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take an Oral Temperature" (with electronic thermometer) according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

EVALUATION FORM 5

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name____

PROCEDURE **Take an axillary temperature (with mercury thermometer)**

EQUIPMENT

- Mercury thermometer
- Watch with a second hand
- Paper and pen
- Clean tissue

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Explain procedure to client		
4. Position client		
5. Remove client's arm from sleeve		
6. Pat axilla dry with tissue		
7. Check thermometer		
8. Shake mercury level down to 95° F or less		
9. Place thermometer in axilla with mercury tip pointing slightly upward toward shoulder		
10. Place client's arm across chest or abdomen		
11. Stay with client 10 minutes while thermometer is in place		
12. Remove thermometer		

Did the student:	Yes	No
13. Wipe with tissue from stem downward		
14. Read, record temperature immediately with *ax*		
15. Put client's arm back in sleeve; make client comfortable		
16. Shake mercury level down to 95° F or below		
17. Clean thermometer		
18. Return equipment to storage area		
19. Wash hands		
20. Record temperature with *ax* on care plan		
21. Report any deviations from normal temperature to caregiver or supervisor		
22. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take an Axillary Temperature" (with mercury thermometer) according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 6

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name____

PROCEDURE **Take an axillary temperature (with electronic thermometer)**

EQUIPMENT

- Electronic thermometer
- Disposable probe cover
- Paper and pen
- Clean tissue

Did the student:	Yes	No
1. Wash hands		
2. Assemble equipment		
3. Plug probe into unit		
4. Activate electronic thermometer		
5. Put cover on probe		
6. Explain procedure to client		
7. Position client		
8. Remove client's arm from sleeve		
9. Pat axilla dry if it is damp		
10. Place probe tip in axilla		
11. Position client's arm		
12. Leave probe in place until signal		
13. Read, record temperature as *ax* immediately		
14. Press eject button to release cover		

Did the student:	Yes	No
15. Put client's arm back in sleeve		
16. Return electronic thermometer to charging unit		
17. Wash hands		
18. Record temperature on care plan, writing *ax*		
19. Report any deviations from normal temperature to caregiver or supervisor		
20. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take an Axillary Temperature" (with electronic thermometer) according to the steps outlined.

(Date) ________ (Evaluator's Signature) ________________

(Evaluator's Position) ________________

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EVALUATION FORM 7	**BASIC RESPITE CARE OBTAIN VITAL SIGNS**

Name____

PROCEDURE **Take a rectal temperature (with mercury thermometer)**

EQUIPMENT

- Mercury rectal thermometer
- Watch with second hand
- Paper and pen
- Clean tissues
- Lubricant
- Clean, disposable gloves

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Check type, condition of thermometer		
4. Shake mercury level to 95° F or below		
5. Explain procedure to client		
6. Provide privacy		
7. Put on gloves		
8. Lubricate bulb		
9. Uncover only the rectal area		
10. Insert thermometer (adult or child) a. Raise upper buttock		
b. Insert bulb gently into rectum 1/2" to 1" for child, 1" to 1 1/2" for adult		
11. Insert thermometer (infant) a. Lift infant's legs while holding ankle		

Did the student:	Yes	No
b. Insert bulb only 1/4" to 1/2" into anus		
c. Press buttocks together with heel of hand		
12. Hold thermometer in place 8 minutes		
13. Remove thermometer		
14. Wipe thermometer from stem to bulb; discard tissue		
15. Read, record temperature as *R*		
16. Clean rectal area; discard tissue		
17. Make client comfortable		
18. Shake down mercury level		
19. Clean thermometer; replace in holder		
20. Remove, discard gloves		
21. Wash hands		
22. Return equipment, supplies to storage		
23. Record temperature on care plan, writing *R*		
24. Report deviation from normal temperature to caregiver or supervisor		
25. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take a Rectal Temperature" (mercury thermometer) according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 8

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name____

PROCEDURE **Take a rectal temperature (electronic thermometer)**

EQUIPMENT

- Electronic thermometer
- Rectal probe
- Disposable probe cover
- Lubricant
- Clean tissues
- Paper and pen
- Clean, disposable gloves

Did the student:	Yes	No
1. Wash hands		
2. Assemble equipment		
3. Explain procedure to client		
4. Provide privacy		
5. Put on gloves		
6. Plug probe into unit		
7. Activate electronic thermometer		
8. Put cover on tip		
9. Lubricate tip of probe cover		
10. Position client		
11. Uncover rectal area		
12. Insert thermometer (adult or child) a. Raise upper buttock		

Did the student:	Yes	No
b. Insert probe gently into rectum 1/2" to 1" for child, 1" to 1 1/2" for adult		
13. Insert thermometer (infant) a. Lift infant's legs firmly around ankles		
b. Gently insert probe 1/4" to 1/2" into rectum		
c. Press infant's buttocks together with heel of hand		
14. Hold probe in place until electronic signal		
15. Read temperature display		
16. Remove probe		
17. Write down temperature with *R*		
18. Press eject button to remove probe cover		
19. Return probe to holder		
20. Clean anal area; discard tissue		
21. Make client comfortable		
22. Remove, discard gloves		
23. Replace electronic thermometer in charging unit		
24. Store supplies and equipment		
25. Wash hands		
26. Record temperature with *R* on care plan		
27. Report any deviation from usual temperature to caregiver or supervisor		
28. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take a Rectal Temperature" (electronic thermometer) according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 9 | **BASIC RESPITE CARE**
OBTAIN VITAL SIGNS

Name________________________________

PROCEDURE **Take pulse and respirations (radial pulse)**

EQUIPMENT

- Watch with second hand
- Pen and paper

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Explain procedure to client		
4. Place client's arm in comfortable position at level of heart		
5. Locate radial pulse		
6. Exert slight pressure over radial artery for 1 minute while counting pulse		
7. Count respirations for 1 minute while still holding client's wrist		
8. Record pulse, respirations immediately		
9. Make client comfortable		
10. Wash hands		
11. Record pulse, respirations on care plan		
12. Report deviations from normal pulse, respirations to caregiver or supervisor		
13. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take Pulse and Respirations" (radial pulse) according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 10	BASIC RESPITE CARE OBTAIN VITAL SIGNS

Name____

PROCEDURE **Take pulse and respirations (apical pulse)**

EQUIPMENT

- Stethoscope
- Watch with second hand
- Paper and pen

Did the student:	Yes	No
1. Wash hands	☐	☐
2. Assemble equipment	☐	☐
3. Explain procedure to client	☐	☐
4. Provide privacy	☐	☐
5. Position client on back	☐	☐
6. Uncover left side of client's chest	☐	☐
7. Locate apex of heart	☐	☐
8. Place earpieces in ears, bell over client's apical region	☐	☐
9. Listen for heart sounds	☐	☐
10. Count heart beats for 1 minute	☐	☐
11. Count respirations for 1 minute	☐	☐
12. Write down observations immediately	☐	☐
13. Make client comfortable	☐	☐
14. Clean, return equipment	☐	☐

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Did the student:	Yes	No
15. Record observations on care plan		
16. Report any deviations from normal findings to caregiver or supervisor		
17. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take Pulse and Respirations" (apical pulse) according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 11

BASIC RESPITE CARE
OBTAIN VITAL SIGNS

Name________________________________

PROCEDURE

Take blood pressure

EQUIPMENT AND MATERIALS

- Sphygmomanometer
- Stethoscope
- Pen and paper
- Cotton balls with antiseptic or antiseptic gauze wipes

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Explain procedure to client		
4. Position client		
5. Uncover client's arm		
6. Check size of cuff		
7. Put cuff on client's arm 1" above elbow, with bladder centered over brachial artery		
8. Clean earpieces, diaphragm of stethoscope		
9. Place earpieces in ears		
10. Locate pulse with fingertips; place diaphragm over pulse beat		
11. Tighten screw on sphygmomanometer bulb		
12. Inflate cuff about 20 mmHg higher than last pulse sounds		

Did the student:	Yes	No
13. Open thumb valve slightly		
14. Observe gauge at eye level at first strong pulse sound		
15. Release more air, allowing gauge to lower 2 or 3 mmHg for each pulse beat		
16. Observe gauge at eye level at last distinct loud sound		
17. Open bulb valve		
18. Record systolic, diastolic pressures immediately		
19. Repeat procedure one minute later		
20. Remove cuff from client's arm; make client comfortable		
21. Clean earpieces of stethoscope		
22. Return equipment		
23. Wash hands		
24. Record blood pressure on care plan		
25. Report deviations from usual findings to caregiver or supervisor		
26. Use proper body mechanics		

The student has satisfactorily completed the procedure "Take Blood Pressure" according to the steps outlined.

______________ ______________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

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OBJECTIVE SHEET

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

INTRODUCTION

A large part of your job as a respite care provider will be assisting clients in daily living activities. Because you will be working in someone else's home, you should follow the household routines whenever possible.

To build confidence, self-esteem, and independence, you should let the client be as active in self-care as his or her condition allows. Many conditions do not permit clients to care for their own personal needs, and this can cause embarrassing moments. When assisting a client with any form of personal care, you will need to protect the client's privacy as well as safety.

UNIT OBJECTIVE

After completing this unit, you should be able to assist a client with his or her basic living activities on a day-to-day basis.

PREREQUISITES

Before completing this unit, you should have successfully completed the units on " Move and Position a Client" and "Use Adaptive Equipment."

SPECIFIC OBJECTIVES

After completing this unit, you should be able to

1. Assist a client with perineal care.
2. List guidelines for assisting a female client with feminine hygiene.
3. Assist a client to use a urinal or bedpan.
4. Assist a client who is incontinent.
5. Assist a client from a wheelchair to the toilet.
6. Assist a client with skin care.
7. Assist a client with nail care.
8. Assist a client with a shower or tub bath.

9. Assist a client from wheelchair to bathtub.

10. Assist a client with a sponge bath.

11. Help a client groom hair.

12. Help a client shampoo his or her hair in bed.

13. Help a client shave in bed.

14. List guidelines for helping a client dress.

15. Distinguish between proper and improper food-handling methods by labeling methods as proper or improper.

16. Assist a client at mealtime.

17. Feed a client.

18. Help a client brush teeth.

19. Help a client floss teeth.

20. Help a client clean dentures or other intraoral appliances.

21. List guidelines for assisting a client in a dental emergency.

UNIT CONTENTS

- Objective sheet
- Instructor's guide
- Instructor's supplements

  Supplement 1 — Pretest

  Supplement 2 — Answers to Pretest

  Supplement 3 — Individualized Study Guide
- Information sheet
- Student Supplement 1 — Guidelines for Assisting Clients with Daily Activities
- Procedure sheets

  Procedure Sheet 1 — Assist a Client with Perineal Care

  Procedure Sheet 2 — Assist a Client to Use a Urinal or Bedpan

  Procedure Sheet 3 — Assist a Client Who Is Incontinent

  Procedure Sheet 4 — Assist a Client from Wheelchair to Toilet

  Procedure Sheet 5 — Help a Client with Skin Care

  Procedure Sheet 6 — Help a Client with Nail Care

  Procedure Sheet 7 — Assist a Client with a Shower or Tub Bath

  Procedure Sheet 8 — Assist a Client from Wheelchair to Bathtub

  Procedure Sheet 9 — Assist a Client with Sponge Bath

Procedure Sheet 10 — Help a Client Groom Hair

Procedure Sheet 11 — Help a Client Shampoo Hair in Bed

Procedure Sheet 12 — Help a Client Shave in Bed

Procedure Sheet 13 — Assist a Client at Mealtime

Procedure Sheet 14 — Feed a Client

Procedure Sheet 15 — Help a Client Brush Teeth

Procedure Sheet 16 — Help a Client Floss Teeth

Procedure Sheet 17 — Help a Client Clean Dentures or Other Intraoral Appliances

- Test
- Answers to test
- Evaluation forms

SUGGESTED ACTIVITIES

- **Review unit and plan presentation.**

1. Study the specific objectives to determine those you will cover in your presentation. Decide also which objectives should be taught to which students.
2. Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
3. Arrange for guest speakers.
    - Invite the parent of a child who has special needs to speak to the class about how to assist that child with various activities of daily living.
    - Invite the primary caregiver of an elderly person with special needs to talk about types of assistance that person normally requires with daily activities.

- Invite a caregiver from a group home to discuss ways to provide privacy while giving personal care to clients.
- Arrange for a professional manicurist to demonstrate and discuss how to assist with nail care.
- Invite a cosmetologist to demonstrate and discuss hair care.
- Invite a dental hygienist to demonstrate and discuss how to brush and floss someone else's teeth.

4. Review teaching suggestions and plan classroom activities.

- **Obtain materials to supplement unit.**

1. Videos sent with instructor material for this book
    a. *Assisting with Activities of Daily Living*, 9 minutes
    b. *A Method of Dressing Wheelchair Clients*, 21 minutes
    c. *Let's Eat,* 17 minutes
    d. *Brace Application and Wheelchair Positioning,* 24 minutes
2. Equipment to perform procedures

    EXAMPLES: Wheelchair, urinal, bedpan, nail clippers, orange stick, emery board, mannequin with long hair (for learning to braid and French braid hair), set of dentures
3. Adaptive devices appropriate to different daily activities

    EXAMPLES: Wheelchair pressure pads, "egg-carton" mattress pad
4. Illustrations of equipment or adaptive devices not available for hands-on use
5. Competency profiles

NOTE: Competency profiles for this manual are available from the Curriculum and Instructional Materials Center, Oklahoma State Department of Vocational and Technical Education, 1500 West Seventh Avenue, Stillwater, OK 74074-4364.

- **Individualize instruction as required.**

1. Modify presentation to accommodate special-needs students.
2. Plan presentations to take advantage of student learning styles.
3. Provide students with objective sheet and individualized study guides.
4. Pretest qualifying students: administer written test and interview students to assess student competencies.
5. Determine individual study requirements from pretest results.
6. Counsel students individually on pretest results and study requirements.
    a. Modify materials in unit or create supplementary materials for individual students as required.
    b. Review suggestions for group presentation; modify them and incorporate them into individual study plans as appropriate.
    c. Indicate on the study guide reading and study requirements. Include media.
    d. Return individualized study guides and provide students with supplementary materials, including LAPs if used.
    e. Set up completion requirements and tentative schedule for next evaluation.

7. Monitor student progress and adjust assignments and teaching approaches as required.

8. Evaluate and document student skills.

    a. Document completion of training for successful students and direct them to next study area. Complete competency profiles if used.

    b. Retrain and re-evaluate unsuccessful students.

    c. Counsel students who are unable to complete the unit satisfactorily, and make recommendations for continuing study.

- **Provide group instruction as required.**

1. Review instructional outline for this unit. Modify suggestions to suit class needs, and plan activities for each class period.

2. Prepare classroom.

    - Display adaptive equipment needed to perform the procedures in this unit.

    - Display pictures of special aids for different activities, especially those not available for hands-on use and those not covered in the unit on adaptive equipment.

3. Introduce unit.

    - Point out that this may be the most obvious unit for training respite care workers, that many clients need help only with some basic activities.

    - Have students recall their experiment with a "disability" in the unit on adaptive equipment. Have them visualize their daily routine with that same or another limitation; discuss what assistance they might need in daily activities.

- Have the parent of a child with special needs and the primary caregiver of an elderly person with special needs discuss the types of assistance in daily activities that the child and elderly person require.

4. Discuss unit objective.

    - Point out that achieving the unit objective will involve using skills and knowledge gained in "Move and Position a Client" and "Use Adaptive Equipment."

    - Emphasize how accomplishing the specific objectives will lead to meeting the unit objective.

    - Show the video *Assisting with Daily Living Activities.*

5. Discuss specific objectives.

    a. Discuss Objective 1, assisting a client with perineal care.

        - Point out that provider should encourage client to do as much self-care as client's condition allows.

        - Stress the client's need for self-care and privacy; if client needs assistance with perineal care, stress that provider should be sensitive to the situation and allow as much privacy as possible.

        - Point out the importance of having water at a comfortable temperature and allowing client to test the water if possible.

        - Have students use a simulation model to practice and perform Procedure Sheet 1, "Assist a Client with Perineal Care."

    b. Discuss Objective 2, on guidelines for assisting a client with feminine hygiene.

        - Discuss the appropriateness of using different feminine-hygiene products for the client.

        - Stress the need to provide as much privacy as possible.

c. Discuss Objective 3, assisting a client to use a urinal or bedpan.

- Point out the need to provide as much privacy as possible for the client.
- Discuss the physical and psychological benefit of warming the bedpan.
- Demonstrate how to position a bedpan for an immobile client and how to remove it from the bed without tipping it.
- Have students use a simulation model to practice and perform Procedure Sheet 2, "Assist a Client to Use a Urinal or Bedpan."

d. Discuss Objective 4, assisting a client who is incontinent.

- Stress the need to treat the client with respect, sensitivity, and patience; many clients are embarrassed about the condition and need extra TLC to help them deal with both incontinence and their feelings about it.
- Discuss adaptive devices such as plastic-lined underwear, special pads, and collection devices to aid incontinent clients.
- Have two students role-play a situation involving an incontinent client and a respite care provider. Have other students discuss the "provider's" tact and sensitivity in dealing with the client and make suggestions for other ways to handle the situation.
- Have students practice and perform Procedure Sheet 3, "Assist a Client Who Is Incontinent."

e. Discuss Objective 5, assisting a client in a wheelchair to the toilet.

- Have students practice maneuvering a wheelchair into a confined area such as a bathroom.

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- Point out that even though many public places have restrooms with wheelchair access, maneuvering a wheelchair in and out of such tightly enclosed places requires a certain amount of finesse.

- Review procedure from "Move and Position a Client" on assisting a client from bed to wheelchair.

- Demonstrate how to assist someone from a wheelchair to another chair or toilet and then reversing the procedure.

- Have students practice and perform Procedure Sheet 4, "Assist a Client from Wheelchair to Toilet."

f. Discuss Objective 6, assisting a client with skin care.

- Discuss decubitus ulcers (bedsores or pressure sores) and how to prevent them with proper skin care and positioning.

- Show students pictures of decubitus ulcers to reinforce the need to prevent them.

- Show students various bed and wheelchair aids that help prevent decubitus ulcers.

  EXAMPLES: Sheepskin, "egg-carton" mattress pad, elbow or knee pads, wheelchair pressure pad

- Have students practice and perform Procedure Sheet 5, "Help a Client with Skin Care."

g. Discuss Objective 7, assisting a client with nail care.

- Have a manicurist demonstrate nail care.

- Have students practice and perform Procedure Sheet 6, "Help a Client with Nail Care."

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h. Discuss Objectives 8 to 10, assisting a client with bathing.

- Have a caregiver from a group home discuss providing privacy while giving personal care.
- Discuss different types of bath or shower seats. Show actual items or illustrations.
- Demonstrate Procedure Sheet 7, "Assist a Client with a Shower or Tub Bath"; then have students practice and perform the procedure.
- Review procedures on assisting a client from bed to wheelchair and assisting a client from wheelchair to toilet.
- Demonstrate Procedure Sheet 8, "Assist a Client from Wheelchair to Bathtub"; then have students practice and perform the procedure.
- Discuss possible reasons why a client may need a sponge bath.
- Demonstrate on a simulation model how to give a sponge bath; have students practice and perform Procedure Sheet 9, "Assist a Client with Sponge Bath."

i. Discuss Objectives 11 and 12 on grooming and shampooing hair.

- Point out that a French braid or six or more braids is better than two straight braids for a client who is bedridden; two braids allow hair strands on the back of head to break more easily from constantly rubbing against the pillow.
- Have a cosmetologist discuss hair care and demonstrate how to shampoo hair and how to French braid hair or put hair into multiple braids.
- Have students practice braiding hair.

- Have students practice and perform Procedure Sheet 10, "Help a Client Groom Hair."

- Demonstrate Procedure Sheet 11, "Help a Client Shampoo Hair in Bed"; have students practice and perform procedure.

j. Discuss Objective 13 on helping a client shave in bed.

- Discuss the advantages and disadvantages of using a safety razor versus an electric razor.

- Demonstrate Procedure Sheet 12, "Help a Client Shave in Bed."

- Stress the need for careful use of the razor by having students practice "shaving" a balloon.

- Have students practice and perform Procedure Sheet 12.

k. Discuss Objective 14 on helping a client dress.

- Discuss the psychological impact of color in clothing.

- Discuss various factors that influenced the students to select the clothing they are wearing that day; discuss how the respite care provider might help a client select clothing for the day.

- Brainstorm about adaptive clothing for clients with limited arm reach, clients who are paralyzed on one side, clients who are in a wheelchair most of the time, clients who are incontinent, or clients who frequently take off their clothes in inappropriate places.

- Show the videos *Assisting with Activities of Daily Living, A Method of Dressing Wheelchair Clients*, and *Brace Application and Wheelchair Positioning*.

- Have students try to dress themselves while seated in a wheelchair; discuss their frustrations and what can be done to eliminate those problems.

l. Discuss Objectives 15, 16, and 17 on food-handling methods, assisting a client at mealtime, and feeding a client.

- Point out that most cases of food poisoning are unintentional but can be very serious. Discuss how food poisoning can happen.
- Discuss storage procedures before and after preparation.
- Discuss the psychological aspects and social importance of food and ways to make mealtime as normal as possible for the client.
- Review various adaptive devices used for mealtime.
- Discuss some clients' need for special positioning while eating.
- Demonstrate Procedure Sheet 13, "Assist a Client at Mealtime"; have students practice and perform Procedure Sheet 13.
- Show the video *Let's Eat.*
- Demonstrate Procedure Sheet 14, "Feed a Client"; have students practice and perform Procedure Sheet 14.

m. Discuss Objectives 18 through 21 on brushing and flossing teeth, cleaning dentures, and handling dental emergencies.

- Have a dental hygienist discuss the importance of proper brushing and flossing and then demonstrate how to brush and floss someone else's teeth.

    - Have students practice brushing each other's teeth, then have them perform Procedure Sheet 15, "Help a Client Brush Teeth."
    - Have students practice flossing each other's teeth, then have them perform Procedure Sheet 16, "Help a Client Floss Teeth."
    - Demonstrate how to clean dentures or other intraoral appliances; have students practice and perform Procedure Sheet 17, "Help a Client Clean Dentures or Other Intraoral Appliances."

6. Give test.

7. Reteach and retest as required.

8. Complete appropriate section of competency profiles.

- **Review individual and group performance to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.**

UNIT REFERENCES

Hale, Glorya, ed. *The New Source Book for the Disabled.* London: Heinemann, 1983.

Sloan, Jamee Reid. *Practical Nursing I.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1981.

Sloan, Jamee Reid. *Practical Nursing II.* Stillwater, Oklahoma: State Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1983.

SUPPLEMENT 1

Pretest

PART I

Briefly describe how you should handle the following situations:

1. Assist a female client with feminine hygiene during her menses.

   ____
   ____
   ____
   ____

2. Assist a client who is incontinent.

   ____
   ____
   ____
   ____

3. Assist a client to dress.

   ____
   ____
   ____

4. Assist a client in a dental emergency.

   ____
   ____
   ____

5. Distinguish between proper and improper food-handling procedures by writing a "P" in the blanks before proper and an "I" in the blanks before an improper procedure.

   ___a. Refrigerate evaporated milk after it has been opened

   ___b. Wash eggs before storing

   ___c. Use dented or bulging cans immediately to avoid throwing away food

   ___d. Cook frozen meat while it is still frozen or after thawing

   ___e. Cook cheese at low temperatures

PART II

Demonstrate the following procedures:

1. Assist a client with perineal care
2. Assist a client to use a urinal or bedpan
3. Assist a client who is incontinent
4. Assist a client from wheelchair to the toilet
5. Help a client with skin care
6. Help a client with nail care
7. Assist a client with a shower or tub bath
8. Assist a client from wheelchair to bathtub
9. Assist a client with sponge bath
10. Help a client groom hair
11. Help a client shampoo hair in bed
12. Help a client shave in bed
13. Assist a client at mealtime
14. Feed a client

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15. Help a client brush teeth

16. Help a client floss teeth

17. Help a client clean dentures or other intraoral appliances

SUPPLEMENT 2

Answers to Pretest

PART I

1. Always wash your hands before and after assisting client. Always wear clean disposable gloves when assisting a client with any form of perineal care. Provide perineal care at least daily during menses. Offering toileting to client more frequently during menses. Change sanitary napkin at least every three to four hours. If flow is heavy, change more often.

2. Give client the opportunity to use toilet or bedpan more frequently. Give perineal care after incontinence. Treat the client with patience and respect.

3. Clothes should be practical, comfortable, and conform to the client's wishes if at all possible. Provide for the client's privacy. Lay out clothes for client if needed. Assist as much or as little as needed.

4. If tooth is knocked out, put it in a glass of milk immediately. Call dentist on record and ask for instructions. Follow instructions.

5. a. P

   b. I

   c. I

   d. P

   e. P

PART II

Performance skills evaluated to the satisfaction of the instructor

SUPPLEMENT 3

Individualized Study Guide

INTRODUCTION

This guide is used to outline a program of study to meet your individual needs. After you have read the objective sheet for this unit, you will complete a pretest. The objective sheet will tell you what you should know and be able to do as a result of studying this unit. The pretest will tell your instructor how much you already know about assisting with daily living activities. There is no grade given for the pretest. It is used only to identify those objectives that you have already mastered and do not need to study. Therefore, you need to complete only those activities marked with a check on this individualized study guide.

Req. Comp.

_____ _____ **Read** Objective Sheet.

_____ _____ **Complete** pretest.

_____ _____ **Discuss** pretest results and requirements with your instructor.

NOTE: To check competency of the procedures in this unit, the test will ask you to perform the procedures. To demonstrate mastery of the objectives, you must be able to perform each of the procedures.

OBJECTIVE 1

_____ _____ **Study** Student Supplement 1, "Guidelines for Assisting Clients with Daily Activities."

_____ _____ **Watch** demonstration of Procedure Sheet 1, "Assist a Client with Perineal Care."

_____ _____ **Practice** Procedure Sheet 1.

OBJECTIVE 2

_____ _____ **Study** the Information Sheet on feminine hygiene.

NOTE: To check competency of this objective, the test will ask you to list guidelines for assisting a female client with feminine hygiene. To show mastery of the objective, you must list 4 of the 5 guidelines correctly.

	Req.	Comp.	
OBJECTIVE 3	_____	_____	**Watch** demonstration of Procedure Sheet 2, "Assist a Client to Use a Urinal or Bedpan."
	_____	_____	**Practice** Procedure Sheet 2.
OBJECTIVE 4	_____	_____	**Watch** demonstration of Procedure Sheet 3, "Assist a Client Who Is Incontinent."
	_____	_____	**Practice** Procedure Sheet 3.
OBJECTIVE 5	_____	_____	**Watch** demonstration of Procedure Sheet 4, "Assist a Client from Wheelchair to Toilet."
	_____	_____	**Practice** Procedure Sheet 4.
OBJECTIVE 6	_____	_____	**Watch** demonstration of Procedure Sheet 5, "Help a Client with Skin Care."
	_____	_____	**Practice** Procedure Sheet 5.
OBJECTIVE 7	_____	_____	**Watch** demonstration of Procedure Sheet 6, "Help a Client with Nail Care."
	_____	_____	**Practice** Procedure Sheet 6.
OBJECTIVE 8	_____	_____	**Watch** demonstration of Procedure Sheet 7, "Assist a Client with a Shower or Tub Bath."
	_____	_____	**Practice** Procedure Sheet 7.
OBJECTIVE 9	_____	_____	**Watch** demonstration of Procedure Sheet 8, "Assist a Client from Wheelchair to Bathtub."

	Req.	Comp.	
	_____	_____	**Practice** Procedure Sheet 8.
OBJECTIVE 10	_____	_____	**Watch** demonstration of Procedure Sheet 9, "Assist a Client with Sponge Bath."
	_____	_____	**Practice** Procedure Sheet 9.
OBJECTIVE 11	_____	_____	**Watch** demonstration of Procedure Sheet 10, "Help a Client Groom Hair."
	_____	_____	**Practice** Procedure Sheet 10.
OBJECTIVE 12	_____	_____	**Watch** demonstration of Procedure Sheet 11, "Help a Client Shampoo Hair in Bed."
	_____	_____	**Practice** Procedure Sheet 11.
OBJECTIVE 13	_____	_____	**Watch** demonstration of Procedure Sheet 12, "Help a Client Shave in Bed."
	_____	_____	**Practice** Procedure Sheet 12.
OBJECTIVE 14	_____	_____	**Study** the Information Sheet on helping a client dress.

NOTE: To check competency of this objective, the test will ask you to list guidelines for helping a client dress. To show mastery of this objective, you must list 4 out of 5 guidelines correctly.

OBJECTIVE 15	_____	_____	**Study** the Information Sheet on proper food-handling methods.

NOTE: To check competency in this objective, the test will give you a list of five food-handling methods and ask you to distinguish between proper and improper methods. To show mastery of this objective, you must correctly identify 4 out of 5 methods.

	Req.	Comp.	
OBJECTIVE 16	____	____	**Study** Information Sheet on assisting a client at mealtime.
	____	____	**Watch** demonstration of Procedure Sheet 13, "Assist a Client at Mealtime."
	____	____	**Practice** Procedure Sheet 13.
OBJECTIVE 17	____	____	**Watch** demonstration of Procedure Sheet 14, "Feed a Client."
	____	____	**Practice** Procedure Sheet 14.
OBJECTIVE 18	____	____	**Watch** demonstration of Procedure Sheet 15, "Help a Client Brush Teeth."
	____	____	**Practice** Procedure Sheet 15.
OBJECTIVE 19	____	____	**Watch** demonstration of Procedure Sheet 16, "Help a Client Floss Teeth."
	____	____	**Practice** Procedure Sheet 16.
OBJECTIVE 20	____	____	**Watch** demonstration of Procedure Sheet 17, "Help a Client Clean Dentures or Other Intraoral Appliances."
	____	____	**Practice** Procedure Sheet 17.
OBJECTIVE 21	____	____	**Study** the Information Sheet on assisting a client in dental emergencies.

NOTE: To check competency of this objective, the test will name a dental emergency and ask you to list guidelines for assisting the client. To show mastery in this objective, you must list 4 of 5 guidelines correctly.

	Req.	Comp.	
UNIT REVIEW	____	____	**Review** unit and assignments.
	____	____	**Complete** unit test.
	____	____	**Discuss** the test results with your instructor.
	____	____	**Complete** additional study requirements listed below.
			________________________________
			________________________________
			________________________________
	____	____	**Proceed** to next study assignment:
			________________________________

INFORMATION SHEET

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 2

List guidelines for assisting a female client with feminine hygiene

INTRODUCTION

Most female clients between puberty and menopause will have monthly menses. those clients with limited reach may have difficulty with their personal hygiene needs. As a respite care provider, you may need to assist a female client with personal hygiene during her menses.

GUIDELINES

- Always wash your hands before and after assisting client
- Always wear clean disposable gloves when assisting a client with any form of perineal care
- Provide perineal care at least once daily during menses
- Offer toileting to client more frequently during menses
- Change sanitary napkin at least three to four hours; if flow is heavy, change more often

OBJECTIVE 14 **List guidelines for helping a client dress**

INTRODUCTION

Clothing can be so much more than mere covering for the body. It can be warm and cozy in winter or cool and crisp in summer. It can be functional, making particular activities easier; or it can restrict movement. What we wear can make us feel good or bad about ourselves. Color, fabric, weight, price, and style all affect choice of clothing.

What a client wears depends on many factors:

Practicality — Clothing should be appropriate for the client's medical conditions

EXAMPLES: Clients with limited arm reach may have difficulty pulling garments over their heads; jump suits probably would not be appropriate for incontinent clients.

Comfort — Clothing should not bind or rub and should be appropriate for the weather or the temperature in the client's environment

Client's wishes — Honor individual preferences if possible

GUIDELINES

A few basic guidelines will make dressing quicker and smoother whether the client needs assistance from you or not.

- Provide for the client's privacy
- Let client select clothing if possible
- Lay out clothing in layers within client's reach; the last piece to go on (such as a sweater) should be on the bottom of the stack, and the first to go on (such as undergarments) should be on the top
- Advise client to put arms through sleeves first on shirts or dresses with only neck openings, then put head through neck hole
- Advise client who wears a brassiere to fasten the hook in front of her body and then turn the brassiere around before slipping arms through straps

OBJECTIVE 15 **Identify proper food-handling methods, temperature control, and storage procedures**

INTRODUCTION Food that is stored improperly or prepared incorrectly can be unhealthy as well as unappetizing.

Canned goods

Be wary of cans that are *dented* or rusted: breaks in cans may allow germs to enter.

Do not buy

or use cans with *"bulges"* on the ends: those bulges may indicate bacterial growth inside.

Frozen foods

Never buy

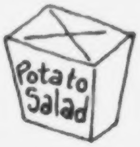
partially thawed frozen foods or those that have been frozen, thawed, and re-frozen.

Buy only

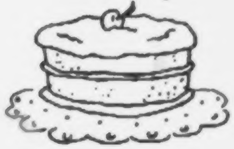
those that are *frozen solid.*

Fresh-cooked foods

Cream-filled bakery goods and salads with eggs or mayonnaise-type dressing are *especially dangerous* unless they have been properly refrigerated.



Be alert



for signs of spoilage, especially in the *hot summer months* when germs multiply fast.

The following chart lists a few of the many tips for correct food storage and preparation.

FOOD	SELECTION	STORAGE	PREPARATION
Milk Fresh	More palatable	Refrigerate in covered containers; freezing does not alter nutrients.	Cook over low heat; avoid boiling or scorching.
Powdered	Easy to store; keeps longer and is less expensive than fresh	Dry: store in cool, dry place. Reconstituted: refrigerate.	Add dry when preparing foods to increase nutrients. Use reconstituted same as fresh milk.
Evaporated	Easy to store; sanitary; keeps well	Refrigerate after opening.	Use as directed; may substitute for fresh milk.
Cheese	Wide variety; good source of protein, calcium, and phosphorus; meat substitute	Refrigerate well wrapped or in covered container; storage life is five–seven days for soft cheeses, longer for hard cheeses. Freezing alters texture of some cheeses.	Cook at low temperature for short time. Serve at room temperature for most flavor.
Eggs	Purchase only refrigerated eggs. Label shows grade: use grade A when appearance is important; use grade B for baking and cooking. Cracked shells allow bacteria to enter eggs.	Refrigerate in covered containers; for best flavor use within one week. Washing before storing removes protective coating.	Yolks and whites separate more easily at room temperature. Cook at low temperatures to prevent discoloration, curdling, or toughness; overcooking toughens, shrinks protein.

Cereals and breads	Whole-grain products have more nutrients than refined products; sugared cereals are less economical.	Store in cool, dry place; bread retains freshness best at room temperature but molds faster. Bread freezes well.	Use cereals according to package directions; overcooking cereals reduces vitamin content.
Meat, fish, and poultry	Less-expensive cuts are as nutritious as the more expensive. Method of preparation, cost, and use determine selection.	Store fresh meat in refrigerator in loosely covered container; store cooked meat in tightly covered containers; freeze meat for longer storage.	Less-expensive cuts require longer cooking at lower temperatures; frozen meats may be cooked without thawing. Wash poultry before cooking. Cook fish at medium temperature; do not overcook.
Fruits and vegetables	Buy in season for lowest prices. Avoid bruising. Grade of canned fruits and vegetables does not indicate nutritive value.	Fruits and tomatoes ripen better at room temperature. Refrigerate vegetables and ripe fruits (except bananas). Store frozen packages at 0° F (0° C); storage life varies. Use fresh produce as soon as possible.	Wash skins before preparing. Cook only until tender, using as little water as possible. Preserve color of peeled fruits by putting them in weak salt or acid solution. If possible, use the liquids from cooking; they contain dissolved nutrients. Avoid overcooking. Boil home-canned vegetables for 20 minutes.

OBJECTIVE 16 — Assist client at mealtime

INTRODUCTION AND GUIDELINES

Mealtime or snack time should be a pleasant experience and can build rapport between you and the client. A little planning will make mealtime go smoothly.

Food

You may not be responsible for planning and preparing meals unless you are on a long-term assignment, but you may need to prepare snacks. Whenever you prepare any food, remember that cleanliness and proper food-handling techniques are of utmost importance.

- Wash your hands before beginning any food preparation
- Wash your hands after toileting
- Check client's care plan to find out any special mealtime needs

  EXAMPLES: Does the client have special food restrictions?
  Can client eat food of any consistency?
  Is the client's intake level limited?
  Are there any medications client should take before or with meals? Are there any foods client should avoid because of the medication?

- Check with client for food preferences

Dining area

The area where the client eats should be as sanitary and pleasant as possible. A clean, quiet, pleasant dining area promotes good eating habits.

- Clean area where client will eat
- Cover area around client to protect against spillage if client's condition causes untidy eating habits
- Prepare any adaptive devices the client may need

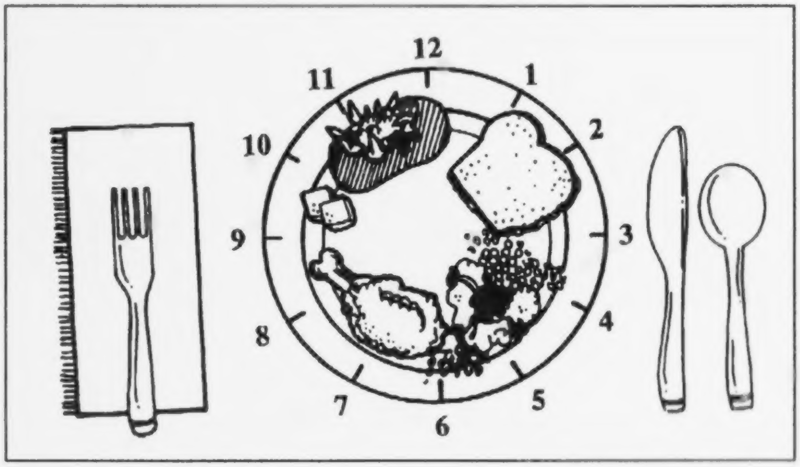
Client

- Offer toileting to the client before the meal
- Help client wash hands before and after the meal

- Elevate client's head if client is in bed or provide other special positioning for the meal
- Help brush client's teeth after the meal

Mealtime

- Place plate on the table with the main dish closest to the client
- Arrange everything within the client's reach
- Remove any covers from food; open any boxes
- Assist client as needed by cutting food, buttering bread, pouring liquid, etc.
- For a blind client, describe placement of food on the plate as on a clock face



- Sit down and talk with the client during the meal to make it as normal as possible
- Never rush the client
- Document client's food intake if needed

OBJECTIVE 21 List guidelines for assisting client in a dental emergency

Severe mouth pain

- Remove any intraoral devices
- Check for visible damage or injury
- Call dentist on record and explain situation
- Ask dentist for instructions
- Follow instructions

Tooth accidentally knocked out

- Rinse tooth and put in a container of milk immediately
- Call dentist on record immediately and explain situation

  NOTE: The client might be able to keep a tooth that is put back in its socket within thirty minutes.

- Ask dentist for instructions
- Follow instructions

SUPPLEMENT 1

Guidelines for Assisting Clients with Daily Activities

The following guidelines will help make assisting clients safer and easier:

- Work from the client's weakest side (if he or she is weaker on one side) to provide support if needed
- Explain to the client what you are about to do
- Never force a client into an uncomfortable position; stop immediately if you are causing pain
- Avoid lifting whenever possible; roll, pivot, or slide client instead of lifting
- Do not rush client
- Ask the client to help as much as his or her condition allows
- Provide as much privacy for the client as possible during personal care
- Always use clean, disposable gloves when working with body fluids
- Wash your hands before and after assisting client
- Allow client to test water temperature if he or she desires

PROCEDURE SHEET 1

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 1

Assist a client with perineal care

INTRODUCTION AND GUIDELINES

Perineal care, often called *peri-care*, is care of the genital/anal areas. It is an important part of personal hygiene. The genital/anal areas must be kept clean so that bacteria and germs do not have an opportunity to grow and cause odors or infections. Clients with limited reach may have difficulty in caring for their own personal hygiene needs.

As with any form of personal care, you should let the client do as much as his or her condition permits.

Perineal care is usually performed at bath time, but can be performed more frequently whenever necessary because of incontinence, menstruation, etc.

MATERIALS AND EQUIPMENT

- Graduated container for pouring
- Water thermometer
- Water (or cleansing solution if specified in physician's order)
- Clean, disposable gloves
- Bedpan
- Cotton balls or wipes
- Sheet, blanket, or towels

PROCEDURE

1. Wash hands
2. Position client on his or her back in center of bed
3. Ready perineal care equipment
4. Fill graduated container with water
5. Check that water temperature is approximately 100° F (slightly cooler than bath water)

   NOTE: You may substitute special cleansing solution for the warm water if physician's order specifies.

6. Separate cotton balls or pull out disposable wipes

7. Put on clean, disposable gloves
8. Warm bedpan if needed
9. Adjust bedding
10. Provide for client's privacy
11. Adjust client's clothing
12. Assist client onto bedpan
    a. Pour warm water over perineal (genital) area
    b. Dry client gently with cotton balls or wipes, wiping from front to back
    c. Clean folds of skin
13. Clean perineal area
14. Remove bedpan
15. Adjust client's clothing for comfort, warmth, and modesty
16. Wash/sanitize bedpan
17. Throw away gloves
18. Put away equipment

PROCEDURE SHEET 2

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 3

Assist a client to use a urinal or bedpan

MATERIALS AND EQUIPMENT

For urinal

- Urinal with cover
- Clean, disposable gloves
- Wet wash cloth
- Soap
- Dry towel

PROCEDURE

For urinal

1. Wash your hands
2. Check that urinal is clean; if it is not clean, wash and sanitize it
3. Run warm water over urinal to warm it if necessary
4. Dry urinal
5. Put on gloves
6. Assist client to a semi-upright position by adjusting hospital bed or by repositioning pillows
7. Help client adjust clothing
8. Assist client to place urinal if necessary
9. Provide for client's privacy (if client is stable, you may wait outside door until client signals for you)
10. Provide for client's safety if you leave the client unattended
11. When client has finished, remove and cover urinal
12. Assist client to wash hands

13. Rearrange clothing and bedding for comfort, warmth, and modesty
14. Take urinal to bathroom
15. Empty urinal
16. Clean and sanitize urinal
17. Remove and dispose of gloves
18. Put away materials and equipment
19. Wash your hands

MATERIALS AND EQUIPMENT

For bedpan

- Bedpan with cover
- Toilet paper
- Wet wash cloth
- Soap
- Dry towel

PROCEDURE

For bedpan

1. Wash your hands
2. Check that bedpan is clean; if it is not clean, wash and sanitize it
3. Run warm water over bedpan to warm it if necessary
4. Dry bedpan
5. Put on gloves
6. Assist client to a semi-upright position by adjusting hospital bed or by repositioning pillows
7. Help client adjust clothing
8. Place bedpan

   a. If client is immobile, turn client on side, position bedpan against buttock area, then roll client onto bedpan

   b. If client is mobile, ask client to press feet flat down on mattress and raise hips while you slide bedpan under client's buttocks

   NOTE: You may need to help client raise hips by slipping your hand under client's lower back.

9. Provide for client's privacy (if client is stable, you may wait outside door until client signals for you)

10. Provide for client's safety if you leave the client unattended

11. When client has finished, remove bedpan

    a. Assist client to raise hips off bedpan

    b. Hold bedpan with one hand to prevent its tipping as client's weight shifts

    c. Remove and cover bedpan

12. Wipe, wash, and dry perineal area

13. Assist client to wash hands

14. Assist client back to reclining position

15. Rearrange clothing and bedding for comfort, warmth, and modesty

16. Take bedpan to bathroom

17. Empty bedpan

18. Clean and sanitize bedpan

19. Remove and dispose of gloves

20. Put away materials and equipment

21. Wash your hands

PROCEDURE SHEET 3

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 4

Assist a client who is incontinent

INTRODUCTION

Incontinence is the involuntary passing of stool and/or urine. Several things can cause incontinence, but the most common causes are age (deterioration of muscle control), diet changes, certain medications, and various physical disorders.

Incontinence is both embarrassing and uncomfortable for the client. Treat the client with patience and respect.

The best treatment for incontinence is to prevent accidents before they occur. This is usually done by maintaining an intake and elimination routine. This routine of bladder or bowel training varies, depending on any additional conditions the client might have.

GUIDELINES

In a bladder training program:

- Give client measured amounts of fluids at intervals throughout the day
- Give client the opportunity to urinate frequently throughout the day
- Encourage client to eat fruits and vegetables
- Encourage client to drink fluids
- Give client the opportunity to use the bedpan or commode frequently throughout the day

MATERIALS AND EQUIPMENT

- Clean bedding
- Clean, disposable gloves
- Cotton balls or wipes
- Bedpan
- Wet wash cloth
- Soap

PROCEDURE

1. Wash your hands
2. Put on gloves
3. Remove client's soiled clothing and bedding
4. Provide perineal care (See Procedure Sheet 1)
5. Assist client to wash hands if needed
6. Re-dress client
7. Make bed with clean bedding
8. Rinse soiled bedding and place it in laundry
9. Remove and discard gloves
10. Put away materials and equipment
11. Wash your hands

PROCEDURE SHEET 4 — BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 5

Assist a client from wheelchair to toilet

INTRODUCTION AND GUIDELINES

When pushing a wheelchair, use constant force to make the ride as smooth as possible. The client should face the direction of movement except when maneuvering through a confined area or going up or down a curb or stair, or over a bump.

MATERIALS AND EQUIPMENT

- Wheelchair
- Toilet paper
- Soap
- Towel

PROCEDURE

1. Wash your hands
2. Place wheelchair as close as possible to toilet
3. Ready wheelchair
    a. Lock wheels or have someone steady wheelchair
    b. Fold back footrests
4. Adjust client's clothing
5. Stand in front of client with one foot slightly ahead of the other
6. Place your hands under the client's armpits and have the client place his or her hands on your shoulders
7. Support and pivot client to the toilet

    CAUTION
    Never leave frail client unattended on toilet without sufficient safety restraints.

8. Bend your knees as you ease client back into wheelchair
9. Reverse procedure to assist client back into wheelchair

10. Secure wheelchair
    a. Apply chest support straps if necessary
    b. Put client's feet on footrests
    c. Release brakes
11. Rearrange any tubing (catheter, colostomy, etc.)
12. Assist client to wash his or her hands
13. Arrange client's clothing for comfort, warmth, and modesty
14. Wash your hands

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PROCEDURE SHEET 5

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 6

Help a client with skin care

INTRODUCTION

Skin care consists of bathing and lubricating the skin to prevent bed or pressure sores. Certain areas of the body are more prone to pressure sores because they are in continual contact with other skin, bedding, or clothing. When assisting a client to bathe, check these areas and any additional areas where skin might fold or overlap, for irritated or broken skin.

The first signs of irritated skin include redness, cracks, or blue-colored skin. Untreated, these trouble spots may eventually lead to bedsores.

MATERIALS

- Wash cloth
- Soap
- Water
- Towel
- Body lotion

PROCEDURE

For unopened, irritated skin

1. Wash hands
2. Wash skin
3. Pat skin dry
4. Rub skin gently with lotion or lubricant
5. Rub in small circular motions, beginning at outer edges of affected area and working inward
6. Change bedding regularly
7. Make sure bedding is smooth and free of wrinkles
8. Use special bed aids as needed

EXAMPLES: Sheepskin
"Egg-carton" mattress pad
Elbow and knee pads

9. Wash your hands

PROCEDURE

For opened, irritated skin

1. Wash your hands

2. Follow physician's orders

3. Wash your hands

PROCEDURE SHEET 6

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 7

Help a client with nail care

INTRODUCTION

While polished nails may be a luxury, well-manicured nails are a sign of good grooming and personal care. Helping your client have smooth, trim fingernails and toenails can help prevent many problems such as scratches and ingrown nails. In addition, good grooming contributes to your client's self-esteem.

CAUTION
Check the care plan for special instructions before cutting a diabetic client's nails.

MATERIALS AND EQUIPMENT

- Bowl of warm, soapy water
- Wash cloth
- Towel
- Nail clippers
- Orange stick or flat toothpick
- Nail file or emery board

PROCEDURE

1. Wash your hands
2. Have client soak nails in warm, soapy water

   NOTE: Nails are softer and easier to cut when they are wet.

3. Clean under nails with orange stick or flat toothpick
4. Push back cuticles with soft, wet cloth or blunt end of orange stick
5. Cut fingernails in crescent shape

   NOTE: Do not cut nails too short because they could become painful and possibly infected.

6. Cut toenails straight across

   NOTE: Cutting toenails straight across helps prevent ingrown toenails.

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7. Smooth nails with nail file or emery board

8. Dry client's hands and feet

9. Wash your hands

OBJECTIVE 8

Assist a client with shower or tub bath

INTRODUCTION AND GUIDELINES

Encourage clients to take showers or tub baths if their conditions permit, because bathing in tub or shower makes everyday life more like that of non-disabled persons.

As in many areas of personal care, the client's privacy and safety should be the respite care provider's primary concerns. Many clients are susceptible to cold air, so protect them from drafts.

CAUTION
Never leave a fragile, confused, depressed, very young, or very old client alone in bathtub. Never lock the door.

MATERIALS AND EQUIPMENT

- Soap in dish
- 2 large bath towels or bath blankets
- Wash cloth
- Bath thermometer
- Lotion or lubricant
- Bath powder (optional)
- Shower cap (optional)
- 2 nonslip bath mats
- Chair
- Bath or shower seat
- Adaptive devices as needed
- Shampoo (optional)
- Nail clippers and orange stick or flat toothpick (optional)
- Shaving equipment (optional)
- Clean clothes

PROCEDURE

1. Wash hands
2. Adjust bathroom temperature to between 75° and 80° F
3. Assemble equipment
4. Place chair next to shower

5. Disinfect shower if needed

6. Put shower seat in shower

7. Place non-slip tub mat in tub or shower

8. Place mat next to tub or shower

9. Place bath towel near shower

10. Prepare client for bath

    a. Allow client to dangle

    b. Assist client to bathroom

    c. Provide for client's privacy

    d. Offer toileting

    e. Assist client to sit in chair

11. Turn on water and adjust to correct temperature; check bath thermometer or let client test water

    NOTE: Preference of water temperature may vary from client to client, but an average is 105° F.

    CAUTION
    Water that is too hot may scald the client.

12. Fill bathtub one-third to one-half full for a tub bath

13. Help client undress and put on shower cap if needed

14. Help client into tub or shower; help client sit on shower or bath seat

    NOTE: If client is frail or unstable, use method described in Procedure Sheet 8, assisting a client from wheelchair to bathtub.

    CAUTION
    If client faints in tub:
    Support client's head and shoulders above water,

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Let water out of tub,
Cover client with towel,
Call for assistance to get client out of tub.

15. Hand client soap, wash cloth, and shampoo

    NOTE: Clients with limited arm reach may need additional help in showering, bathing, or shampooing.

    CAUTION

    Unless client is very stable, do not leave client alone in tub. Do not leave any client in shower or tub longer than necessary.

16. When client is finished, turn off shower or drain tub and help client back into chair

17. Cover client with bath towel or bath blanket

18. Assist client with drying

    NOTE: Be sure to dry all areas of skin completely.

19. Apply skin lotion or bath power if needed

    NOTE: Warm lotion in your palm or by holding container under warm water is desired.

20. Assist client to dress

21. Help client with nail care at this point if needed

22. Help client shave at this point if applicable

23. Assist client to groom hair; dry if wet

24. When client is finished in bathroom, assist client back to room

25. Clean and disinfect tub or shower

26. Restore bathroom to condition prior to shower

PROCEDURE SHEET 8	BASIC RESPITE CARE ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 9

Assist a client from wheelchair to bathtub

MATERIALS AND EQUIPMENT

- Wheelchair
- Bath seat if needed

PROCEDURE

1. Place wheelchair alongside the tub or as close as possible
2. Place bath seat in tub
3. Prepare the wheelchair
    a. Lock wheels or have someone hold wheelchair steady
    b. Fold back footrests
4. Help client undress
5. Stand in front of client with one foot slightly ahead of the other
6. Place your hands under client's armpits and have the client place his or her hands on your shoulders
7. Support and pivot the client onto the edge of the tub
8. Help put client's feet into tub, one foot at a time, as client pivots to face the tub
9. Support and pivot or slide client onto bath seat
10. Reverse procedure to assist client back into the wheelchair
11. Secure wheelchair
    a. Apply chest support if necessary
    b. Put client's feet on footrests
    c. Release brakes

12. Rearrange any tubing (catheter, colostomy, etc.)

13. Arrange client's clothing for comfort, warmth, and modesty

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PROCEDURE SHEET 9

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 10

Assist a client with a sponge bath

INTRODUCTION

The procedure for giving a client a bed or sponge bath varies greatly depending on the condition of the client. In general, sponge baths are for clients who are unable to use a tub or shower because of a temporary or permanent condition. In addition, a partial sponge bath may be given to assist clients with limited reach after they have finished bathing.

When giving a sponge bath, the respite care provider has the opportunity to observe the condition of the client's skin and possibly help prevent further deterioration. Sponge baths also help promote blood circulation to the skin.

MATERIALS AND EQUIPMENT

- 2 large bath towels or bath blankets
- 2 smaller towels
- Soap
- Wash cloth
- Wash basin
- Urinal/bedpan
- Water thermometer
- Nail clippers if needed
- Graduated container (for pouring)
- Cotton balls or disposable wipes (for perineal care)
- Clean, disposable gloves (for perineal care)
- Clean clothes
- Orange stick or flat toothpick
- Lotion

PROCEDURE

1. Wash hands

2. Arrange equipment

3. Offer clean bedpan or urinal

4. Prepare bedding

    a. Remove bedspread and top blanket

   b. Place bath blankets under client to protect bedding

5. Adjust water temperature; check thermometer or let client test water

   NOTE: Water temperature should be about 105° F unless otherwise indicated.

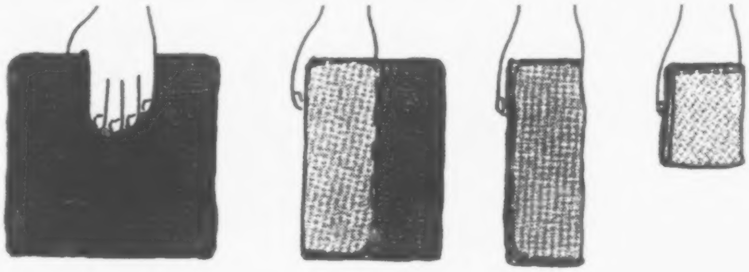
6. Fill wash basin two-thirds full

7. Help client undress

8. Position client on back close to side of bed where you are

9. Cover client with additional bath blanket or towels for warmth and modesty

10. Fold wash cloth to form a bath mitten



11. Wet bath mitten; squeeze out excess water

12. Wash client's face

    a. Wash each eye from bridge of nose outward

    b. Use different part of cloth on each eye

    c. Wash remainder of face

13. Rinse face

14. Pat dry

15. Wash and rinse neck area

16. Pat dry

17. Starting with side farthest from you, immerse client's hand in water and wash

18. Wash and rinse arm and armpit

19. Remove basin

20. Dry arm, hand, and armpit

21. Repeat process on other hand and arm

22. Provide fingernail care if needed

23. Fold towel back to client's waist to expose chest area

24. Place smaller towel over clients' chest to protect client from draft

25. Slip your hand between towel and chest to wash and rinse chest and breast area

26. Pat dry

27. Fold towel back further to expose abdomen

28. Wash and rinse abdomen including navel and any creases in skin

29. Cleanse water

    a. Provide for client's safety if you leave area

    b. Empty water

    c. Refill basin two-thirds full

    d. Check water temperature (105° F)

30. Start with leg farther from you; if possible, flex client's knee and place foot in basin

31. Wash and rinse foot and leg

32. Remove basin

33. Dry leg and foot

34. Apply lotion if needed

    NOTE: You may warm lotion in your palm or by holding container under warm water.

35. Provide nail care if needed

36. Cover clean leg with towel

37. Repeat cleaning process on other leg

38. Cleanse water (see Step 29)

39. Help client turn on side with back toward you

40. Rearrange towels for warmth

41. Place additional towel along client's back to catch any water that might drip down

42. Wash, rinse, and dry back

43. Put on disposable gloves

44. Provide perineal care

    CAUTION
    Water should be 100° F (slightly cooler than bath water).

    NOTE: Warm water may be replaced with special cleansing solution if specified in physician's order.

45. Remove and discard gloves

46. Wash hands

47. Help client dress

48. Clean and put away equipment

PROCEDURE SHEET 10

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 11

Help a client groom hair

INTRODUCTION AND GUIDELINES

Hair grooming is an important part of personal care because human hair can become matted and knotted just like animal hair if it is not brushed or combed frequently enough.

Clients who are in bed for long periods of time may be prone to knots and tangles because of the friction between the head and pillow.

NOTE: Tangles get worse with time; comb them out as soon as possible.

Always comb out hair and dry it immediately after shampooing. Comb hair daily to prevent tangling.

MATERIALS AND EQUIPMENT

- Client's own comb and/or brush
- Hair pins, barrettes, rubber bands as needed

PROCEDURE

1. Wash your hands
2. Remove any hair pins, barrettes, rubber bands, etc. before beginning
3. Remove client's glasses (if applicable) before beginning
4. Comb a small section of hair at a time in a downward motion
5. Repeat combing small sections until all hair is combed
6. Brush hair if needed
7. Braid long hair to prevent tangling
8. Wash your hands

PROCEDURE SHEET 11

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 12

Help a client shampoo hair in bed

INTRODUCTION AND GUIDELINES

Shampooing is an important part of personal grooming. Clients who are able to use the shower or bath may need little or no help in shampooing, but those confined to bed will need their hair washed while still in bed. When shampooing in bed, always protect the bedding and floor from accidental spills.

There are many dry shampoo preparations on the market. Follow the manufacturer's directions explicitly if you use this alternative to a regular shampoo.

Shampoo as frequently as the client desires, but at least weekly.

MATERIALS AND EQUIPMENT

- Shampoo
- 2 or more bath towels
- Shampoo basin
- Bed protector (such as a vinyl shower curtain)
- Pitcher of warm water
- Water thermometer
- Small pillow
- Client's own comb/brush
- Hair dryer

PROCEDURE

1. Wash hands
2. Secure and arrange equipment
3. Adjust bed to comfortable height if possible
4. Adjust water temperature; check water thermometer (should be about 105° F) or let client test water
5. Place vinyl covering under client's torso to protect bedding
6. Cover client's shoulders with a towel
7. Comb client's hair if needed

8. If condition permits, place a small pillow under client's shoulders to make head lower than shoulders

9. Place shampoo tray or basin under client's head

10. Wet hair

11. Apply shampoo

12. Work up a lather and massage scalp

13. Rinse thoroughly

    NOTE: Work quickly to prevent client from getting chilled.

14. When finished, wrap client's head in towel

15. Remove basin

16. Comb hair

17. Dry hair

18. Braid hair if needed

19. Return materials and supplies

OBJECTIVE 13

Help a client shave in bed

INTRODUCTION AND GUIDELINES

Clients with limited reach or unstable hand motion may need to be shaved. Although shaving can be done at any time of the day, the skin is easiest to shave when moist as after bathing or showering. Always shave client in good lighting to prevent accidents.

Unless otherwise directed, help client shave at least twice a week. Let the client watch in a mirror if he desires.

Always use the client's own razor or a disposable one.

MATERIALS AND EQUIPMENT

For using a safety razor

- Mirror
- Safety razor
- Shaving cream
- Wet wash cloth
- Basin of warm water
- Water thermometer
- Towel
- Aftershave lotion
- Styptic pencil or facial tissue if needed

PROCEDURE

For using a safety razor

1. Wash hands

2. Gather your equipment

3. Adjust water temperature; check thermometer (should be about 105° F) or have client test water

4. Fill basin with water

5. Assist client to semi-upright position

6. Wrap towel around client's shoulders to protect bedding and clothing
7. Wet client's face
8. Apply shaving cream to area to be shaved
9. Allow cream to set for at least two minutes to soften beard
10. Using downward strokes, begin shaving client's beard
11. After every two to three strokes, rinse razor blade in basin of water
12. When finished, wipe client's face with wet wash cloth; dry with towel
13. Apply aftershave
14. Apply styptic pencil or piece of tissue if needed to stop any bleeding
15. Return client to reclining position if needed
16. Clean and store equipment

MATERIALS AND EQUIPMENT

For using an electric or battery-operated razor

- Mirror
- Electric or battery-operated razor
- Wet wash cloth
- Basin of warm water
- Water thermometer
- Soap
- Preshave lotion
- Aftershave lotion
- Towel
- Brush to clean razor

CAUTION
Never use electric appliances around water.

PROCEDURE

For using an electric razor

1. Wash your hands
2. Prepare equipment
3. Adjust water temperature; check thermometer (should be about 105° F) or have client test water
4. Fill basin with water
5. Assist client to semi-upright position
6. Wrap towel around client's shoulders to protect bedding and clothing
7. Assist client to wash face thoroughly with soap and water
8. Apply preshave to whiskers
9. Turn on razor
10. Use a circular motion with the razor; work downward to shave client's beard
11. When finished, turn off razor
12. Apply aftershave
13. Return client to reclining position of needed
14. Brush head of razor to remove loose hair
15. Store equipment

PROCEDURE SHEET 13

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 16

Assist a client at mealtime

INTRODUCTION

Always encourage clients to do as much as their conditions allow. This is especially important in daily living skills such as eating. If the client's condition permits, the client may need only limited help at mealtime.

SUPPLIES AND EQUIPMENT

- Food
- Eating utensils, dishes
- Napkin
- Adaptive equipment as needed

PROCEDURE

1. Offer toileting to client
2. Wash your hands
3. Help wash client's hands
4. Position client as needed
5. Provide all eating utensils and adaptive devices that client may need
6. Place plate on the table with main dish closest to client

   NOTE: If client is blind, describe placement of food as on a clock face.
7. Arrange everything within the client's reach
8. Remove any covers from food; open any boxes
9. Assist client as needed with cutting food, buttering bread, pouring liquids, etc.
10. Sit down and converse with client during meal
11. Help client wash hands after eating

12. Provide mouth care (see Procedure Sheet 15)
13. Store leftover food properly
14. Wash and put away dishes
15. Document client's intake if needed

OBJECTIVE 17

Feed a client

INTRODUCTION

Feeding a client requires extra time, patience, and often special considerations. You can promote normal mealtime atmosphere in several ways:

- Sit close to client
- Provide conversation
- Do not rush through the meal
- Do not force client to eat

MATERIALS AND EQUIPMENT

- Food
- Eating utensils, dishes
- Napkin
- Adaptive equipment as needed
- Towel or other protective covering for client, bed, floor

PROCEDURE

1. Wash your hands

2. Place the client in a comfortable position; check client's care plan for any special positioning

3. Help client wash hands

4. Protect area and client for minimal clean-up

5. Establish communication with the client so that he or she can participate in the mealtime

    a. Ask food preferences

    b. Ask if client is thirsty

    c. Ask if client is full

6. Place food on tray so that client can see what he or she is eating (or describe it if client is blind)

7. Give manageable amounts of food in each bite, pulling the eating utensil out of the client's mouth without scraping teeth
8. Keep the client's face and hands as clean as possible
9. Remove dirty dishes as soon as client is finished if he or she is eating in bed
10. Help client wash hands
11. Store food properly
12. Put away equipment
13. Leave client in semi-upright position for about 30 minutes after eating to promote good digestion
14. Document food intake if needed

PROCEDURE SHEET 15

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 18

Help a client brush teeth

INTRODUCTION AND GUIDELINES

Encourage clients to care for their own teeth in the bathroom if they can, but whose who cannot get out of bed may need to brush their teeth in bed. Clients should brush their teeth following each meal and always after vomiting.

MATERIALS AND EQUIPMENT

- Toothbrush
- Toothpaste
- Emesis basin
- Water or antiseptic solution
- Clean disposable gloves
- Wash cloth
- Cup
- Towels
- Padded tongue depressor if needed
- Floss
- Flossing tool
- Lip lubricant if needed

PROCEDURE

1. Assist client to semi-upright position either by adjusting hospital bed or repositioning pillows
2. Wash and dry your hands
3. Prepare equipment at bedside
4. Put on clean disposable gloves
5. Place towel across client's chest to protect clothing and bedding
6. Help turn client's head toward you
7. Place emesis basin under client's chin
8. Wet toothbrush
9. Apply toothpaste to toothbrush

10. If needed hold cheek open with tongue depressor, **NOT FINGERS**

11. Working from the back teeth to the center teeth with toothbrush bristles at a 45° angle to gum line, brush the sides of a few teeth at a time with small circular strokes

12. Brush tops of teeth

13. Repeat until all teeth have been brushed

14. Lightly brush tongue from base to tip

    CAUTION
    Brush tongue very gently to prevent gagging.

15. Lightly brush gums

16. Allow client to rinse mouth and spit excess water into emesis basin

17. Remove emesis basin

18. Dry client's mouth

    NOTE: If you are flossing client's teeth, do so at this time.

19. Apply lip lubricant to client's lips if needed

20. Put equipment away

21. Wash and sanitize emesis basin

22. Provide for client's comfort

23. Remove and discard gloves

PROCEDURE SHEET 16

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 19

Help a client floss teeth

INTRODUCTION AND GUIDELINES

Ideally, flossing is done immediately following brushing, but occasionally it might be done as a separate procedure. Floss client's teeth at least once daily.

MATERIALS AND EQUIPMENT

- Water or antiseptic solution
- Clean, disposable gloves
- Emesis basin
- Cup
- Towels
- Padded tongue depressor if needed
- Floss
- Flossing tool
- Lip lubricant

PROCEDURE

For flossing after brushing

1. Cut a piece of floss 15 to 18 inches long
2. Put floss into floss tool
3. Working from the back of the mouth to the center, guide floss between teeth
4. Using up-and-down motion, scrape edges of teeth
5. Repeat until all teeth have been flossed
6. Place emesis basin under client's chin
7. Fill cup with water
8. Allow client to rinse mouth and spit excess water into emesis basin
9. Dry client's mouth
10. Apply lip lubricant to client's lips if needed

11. Wash and sanitize emesis basin
12. Put equipment away
13. Remove and discard gloves
14. Provide for client's comfort
15. Wash hands

PROCEDURE

For flossing as a separate procedure

1. Assist client to semi-upright position either by adjusting hospital bed or repositioning pillows
2. Wash and dry your hands
3. Ready equipment at bedside
4. Put on clean disposable gloves
5. Place towel across client's chest to protect clothing and bedding
6. Help turn client's head toward you
7. Cut a piece of floss 15 to 18 inches long
8. Put floss into floss tool
9. Working from the back of the mouth to the center, guide floss between teeth
10. Using up-and-down motion, scrape edges of teeth

    CAUTION
    Be careful not to injure client's gums.

11. Repeat until all teeth have been flossed

    NOTE: Discard and replace soiled floss frequently.

12. Place emesis basin under client's chin

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13. Fill cup with water

14. Allow client to rinse mouth and spit excess water into emesis basin

15. Dry client's mouth

16. Apply lip lubricant to client's lips if needed

17. Put equipment away

18. Wash and sanitize emesis basin

19. Remove and discard gloves

20. Provide for client's comfort

PROCEDURE SHEET 17

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

OBJECTIVE 20

Help a client clean dentures or other intraoral appliances

INTRODUCTION AND GUIDELINES

Clients with dentures or other intraoral appliances such as retainers may need help caring for them. Remember, intraoral appliances are specially fitted for the individual client, so do not disfigure them in any way.

If client has intraoral appliance AND teeth, you must remove and clean appliances and brush and floss the intact teeth (gums and tongue) before returning appliances to the mouth.

MATERIALS AND EQUIPMENT

- Clean disposable gloves
- Towels
- Denture cup
- Denture toothpaste
- Denture cleansing solution (optional)
- Toothbrush
- Gauze

PROCEDURE

1. Wash your hands
2. Get out equipment
3. Put on gloves
4. Spread towels around sink edge to protect dentures if accidentally dropped
5. Fill denture cup with warm water or cleansing solution

   CAUTION
   Hot water may damage intraoral appliances.
6. Assist client to remove dentures
7. Place dentures in denture cup
8. Allow dentures to soak

9. Apply denture toothpaste to toothbrush
10. Gently hold dentures in palm
11. Brush dentures under tepid running water
12. Assist client with mouth care before returning clean appliances
    a. Brush and floss any intact teeth
    b. Gently brush gums and tongue
    c. Rinse mouth
13. Hold clean dentures by a piece of gauze when returning them to client
14. Remove and dispose of gloves
15. Put away equipment

TEST

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name______________________________**Score**____________

PART I

Answer the following questions. Write your answers in the blanks.

OBJECTIVE 2

List guidelines for assisting a female client with feminine hygiene during her menses.

a.____

b.____

c.____

d.____

e.____

OBJECTIVE 14

List guidelines for helping a client dress.

a.____

b.____

c.____

d.____

e.____

OBJECTIVE 15

Distinguish between proper and improper food-handling procedures by writing a "P" in the blanks before a proper procedure and an "I" in the blanks before an improper procedure.

___ a. Cook meat while it is still frozen or after thawing it

___ b. Wash eggs before storing

___ c. Use dented or bulging cans immediately to avoid throwing away food

___ d. Refrigerate evaporated milk after it has been opened

___ e. Cook cheese at high temperatures only

OBJECTIVE 21

List guidelines for assisting a client who has just had a tooth knocked out:

a.____

b.____

c.____

d.____

e.____

(Continue with Part II)

Name______________________________

PART II

Your instructor will provide you with one or more assignments that involve procedures in daily activities. You will be required to go through all steps required to complete the procedures.

Your score in this evaluation will be based on your abilities to identify required procedures and complete them accurately. Your performance will be evaluated by your instructor, using industry standards. The tasks you perform will require you to use knowledge and skills you learned in this and previously studied units.

Your assignment(s) are listed below and will be further explained by your instructor.

Procedure Assignment	Date Completed
OBJECTIVE 1	____________
OBJECTIVE 3	____________
OBJECTIVE 4	____________
OBJECTIVE 5	____________
OBJECTIVE 6	____________
OBJECTIVE 7	____________
OBJECTIVE 8	____________
OBJECTIVE 9	____________
OBJECTIVE 10	____________
OBJECTIVE 11	____________
OBJECTIVE 12	____________
OBJECTIVE 13	____________
OBJECTIVE 16	____________

Procedure Assignment	Date Completed
OBJECTIVE 17	
OBJECTIVE 18	
OBJECTIVE 19	
OBJECTIVE 20	

OBJECTIVE 2

Answers should include the following guidelines

a. Always wash your hands before and after assisting client
b. Always wear clean disposable gloves when assisting a client with any form of perineal care
c. Provide perineal care at least once daily during menses
d. Offer toileting to client more frequently during menses
e. Change sanitary napkin at least every three to four hours; if flow is heavy, change more often

OBJECTIVE 14

Answers should include the following guidelines

a. Provide for the client's privacy
b. Let client select clothing if possible
c. Lay out clothing in layers within client's reach; the last piece to go on should be on the bottom of the stack, and first to go on should be on the top
d. Advise client to put arms through sleeves first on shirts or dresses with only neck openings, then put head through neck hole
e. Advise client who wears a brassiere to fasten the hook in front of her body and then turn the brassiere around before slipping arms through straps

OBJECTIVE 15

a. P
b. I
c. I
d. I
e. P

OBJECTIVE 21

Answers should include the following guidelines

a. Rinse tooth
b. Put tooth in a container of milk immediately
c. Call dentist on record immediately and explain situation
d. Ask dentist for instructions
e. Follow instructions

OBJECTIVES 1, 3-13, 16-20

Performance skills evaluated to the satisfaction of the instructor

EVALUATION FORM 1	BASIC RESPITE CARE ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client with perineal care**

EQUIPMENT

- Graduated container
- Water thermometer
- Water (or cleansing solution)
- Clean disposable gloves
- Bedpan
- Cotton balls or wipes
- Sheet, blanket, or towels

Did the student:	Yes	No
1. Wash hands		
2. Position client on back		
3. Prepare equipment		
4. Check water temperature		
5. Fill container with water		
6. Separate cotton balls		
7. Put on gloves		
8. Warm bedpan if needed		
9. Adjust bedding		
10. Provide for client privacy		
11. Adjust client clothing		
12. Assist client onto bedpan		
13. Pour water over perineal area		

Did the student:	Yes	No
14. Dry client gently		
15. Clean fold of skin		
16. Remove bedpan		
17. Adjust client clothing		
18. Wash/sanitize bedpan		
19. Dispose of gloves		
20. Put away equipment		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client with Perineal Care" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 2

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client to use a urinal**

EQUIPMENT

- Urinal with cover
- Clean, disposable gloves
- Wet wash cloth
- Soap
- Dry towel

Did the student:	Yes	No
1. Wash hands		
2. Clean urinal		
3. Warm urinal if needed		
4. Dry urinal		
5. Put on gloves		
6. Position client		
7. Adjust client clothing		
8. Place urinal		
9. Provide for client privacy		
10. Provide for client safety		
11. Remove and cover urinal		
12. Help client wash hands		
13. Empty urinal		
14. Clean, sanitize urinal		

Did the student:	Yes	No
15. Remove, dispose of gloves	☐	☐
16. Put away equipment	☐	☐
17. Wash hands	☐	☐
18. Be patient	☐	☐
19. Use proper body mechanics	☐	☐

The student has satisfactorily completed the procedure "Assist a Client to Use a Urinal" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 3

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client to use a bedpan**

EQUIPMENT

- Bedpan with cover
- Toilet paper
- Wet wash cloth
- Soap
- Dry towel

Did the student:	Yes	No
1. Wash hands		
2. Clean bedpan		
3. Warm bedpan if needed		
4. Dry bedpan		
5. Put on gloves		
6. Position client		
7. Adjust client clothing		
8. Place bedpan		
9. Provide for client privacy		
10. Provide for client safety		
11. Remove and cover bedpan		
12. Wipe, wash, and dry perineal area		
13. Help client wash hands		
14. Rearrange clothing, bedding		

Did the student:	Yes	No
15. Empty bedpan		
16. Clean, sanitize bedpan		
17. Remove, dispose of gloves		
18. Put away equipment		
19. Wash hands		
20. Be patient		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client to Use a Bedpan" according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

EVALUATION FORM 4

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name______________________________

PROCEDURE **Assist a client who is incontinent**

EQUIPMENT

- Clean bedding
- Clean, disposable gloves
- Cotton balls or wipes
- Bedpan
- Wet wash cloth
- Soap

Did the student:	Yes	No
1. Wash hands		
2. Put on gloves		
3. Remove client's soiled clothing and bedding		
4. Provide perineal care		
5. Help client wash hands		
6. Re-dress client		
7. Make bed with clean bedding		
8. Rinse soiled bedding and place in laundry		
9. Remove and discard gloves		
10. Put away equipment		
11. Wash hands		
12. Be patient		
13. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client Who Is Incontinent" according to the steps outlined.

____________	________________________________
(Date)	(Evaluator's Signature)
	________________________________
	(Evaluator's Position)

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EVALUATION FORM 5	**BASIC RESPITE CARE ASSIST WITH DAILY LIVING ACTIVITIES**

Name____

PROCEDURE **Assist a client from wheelchair to toilet**

EQUIPMENT

- Wheelchair
- Toilet paper
- Soap
- Towel

Did the student:	Yes	No
1. Wash hands		
2. Place wheelchair close to toilet		
3. Lock wheels		
4. Fold back footrests		
5. Adjust client clothing		
6. Support and pivot client to the toilet		
7. Reverse procedure to assist client back to wheelchair		
8. Apply chest support straps if needed		
9. Put client's feet on footrests		
10. Release brakes		
11. Rearrange any tubing		
12. Help client wash hands		
13. Arrange client clothing		
14. Wash hands		

Did the student:	Yes	No
15. Be patient		
16. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client from Wheelchair to Toilet" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 6
BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Help a client with skin care (unopened, irritated skin)**

EQUIPMENT

- Wash cloth
- Soap
- Water
- Towel
- Body lotion

Did the student:	Yes	No
1. Wash hands		
2. Wash client's skin		
3. Pat skin dry		
4. Rub skin gently with lotion		
5. Rub in small circular motions, beginning at outer edges of affected area and working inward		
6. Change bedding regularly		
7. Smooth bedding if needed		
8. Put special bedding aids on bed or client if needed		
9. Wash hands		
10. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client with Skin Care" (unopened, irritated skin) according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 7	**BASIC RESPITE CARE ASSIST WITH DAILY LIVING ACTIVITIES**

Name______________________________________

PROCEDURE **Help a client with skin care (opened, irritated skin)**

EQUIPMENT

- Wash cloth
- Soap
- Water
- Towel
- Body lotion

Did the student:	Yes	No
1. Wash hands		
2. Follow physician's orders		
3. Wash hands		
4. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client with Skin Care" (opened, irritated skin) according to the steps outlined.

____
(Date)

____
(Evaluator's Signature)

____
(Evaluator's Position)

EVALUATION FORM 8

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name______________________________

PROCEDURE **Help a client with nail care**

EQUIPMENT

- Bowl of warm, soapy water
- Wash cloth
- Towel
- Nail clippers
- Orange stick or flat toothpick
- Nail file or emery board

Did the student:	Yes	No
1. Wash hands		
2. Soak client's nails		
3. Clean under nails		
4. Push back cuticles		
5. Cut fingernails in crescent shape, toenails straight across		
6. Smooth nails		
7. Dry client's hands, feet		
8. Wash hands		
9. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client with Nail Care" according to the steps outlined.

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

EVALUATION FORM 9

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client with a shower or tub bath**

EQUIPMENT

- Soap in dish
- 2 large bath towels or bath blankets
- Wash cloth
- Bath thermometer
- Lotion or lubricant
- Bath powder (optional)
- Shower cap (optional)
- 2 nonslip bath mats
- Chair
- Bath or shower seat
- Adaptive devices as needed
- Shampoo (optional)
- Nail clippers and orange stick or flat toothpick (optional)
- Shaving equipment (optional)
- Clean clothes

Did the student:	Yes	No
1. Wash hands		
2. Adjust bathroom temperature		
3. Gather equipment		
4. Place chair next to shower/tub		
5. Disinfect shower/tub if needed		
6. Put seat in shower/tub		
7. Put nonslip tub mat inside tub		
8. Place bath mat beside shower/tub		
9. Place bath towel within reach		

Did the student:	Yes	No
10. Assist client to bathroom		
11. Offer toileting		
12. Help client sit on chair		
13. Provide for client's privacy		
14. Adjust water temperature		
15. Fill tub 1/3 to 1/2 full for a tub bath		
16. Help client undress		
17. Help client into shower/tub		
18. Help client sit on shower/bath seat		
19. Hand client soap and wash cloth		
20. When client finished, turn off or drain water		
21. Assist client out of shower/tub and onto chair		
22. Cover client with towel		
23. Help client dry		
24. Apply skin lotion or bath powder		
25. Help client dress		
26. Assist with nail care if needed		
27. Assist with shaving if needed		
28. Help client with hair care; dry if wet		
29. Clean, disinfect shower/tub		
30. Put away equipment		

Did the student:	Yes	No
31. Be patient		
32. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client with Shower or Tub Bath" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 10	**BASIC RESPITE CARE** **ASSIST WITH DAILY LIVING ACTIVITIES**

Name____

PROCEDURE **Assist a client from wheelchair to bathtub**

EQUIPMENT

- Wheelchair
- Bath seat if needed

Did the student:	Yes	No
1. Place wheelchair alongside tub		
2. Place bath seat in tub		
3. Lock wheels		
4. Fold back footrests		
5. Help client undress		
6. Support and pivot client onto edge of tub		
7. Help client put feet into tub one at a time		
8. Assist client onto bath seat		
9. Reverse procedure to assist client back into wheelchair		
10. Apply chest support if needed		
11. Put client's feet on footrests		
12. Release brakes		
13. Rearrange any tubing		
14. Arrange client's clothing		

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Did the student:	Yes	No
15. Be patient		
16. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client from Wheelchair to Bathtub" according to the steps outlined.

__________ ______________________________

(Date) (Evaluator's Signature)

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(Evaluator's Position)

EVALUATION FORM 11

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client with sponge bath**

EQUIPMENT

- 2 large bath towels or bath blankets
- 2 smaller towels
- Soap
- Wash cloth
- Wash basin
- Urinal/bedpan
- Water thermometer
- Nail clippers if needed
- Graduated container
- Cotton balls or disposable wipes
- Clean, disposable gloves
- Clean clothes
- Orange stick or flat toothpick
- Lotion

Did the student:	Yes	No
1. Wash hands		
2. Arrange equipment		
3. Offer clean urinal/bedpan		
4. Remove bedspread and top blanket		
5. Place bath blankets under client		
6. Adjust water temperature		
7. Fill wash basin 2/3 full		
8. Help client undress		
9. Position client		
10. Cover client with towel		

Did the student:	Yes	No
11. Form wash cloth into bath mitten		
12. Dampen wash cloth		
13. Wash, rinse client's face		
14. Pat dry		
15. Wash, rinse client's neck		
16. Wash, rinse client's arm, armpit farther away		
17. Dry		
18. Wash other arm, armpit		
19. Dry		
20. Provide nail care if needed		
21. Fold towel back from chest; cover chest with smaller towel		
22. Wash, rinse chest by slipping hand between towel and chest		
23. Pat chest dry		
24. Fold towel back from abdomen		
25. Wash, rinse abdomen		
26. Provide for client safety if student leaves area		
27. Replace water in basin		
28. Wash, rinse, dry leg and foot farther away		
29. Provide nail care if needed		

Did the student:	Yes	No
30. Cover clean leg with towel		
31. Repeat cleaning process on other leg		
32. Replace water in basin		
33. Help client turn back toward student		
34. Rearrange towels for warmth		
35. Place additional towel along client's back		
36. Wash, rinse client's back		
37. Dry		
38. Replace water in basin		
39. Put on gloves		
40. Provide perineal care		
41. Help client dress		
42. Clean, put away equipment		
43. Be patient		
44. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client with Sponge Bath" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 12 | **BASIC RESPITE CARE**
ASSIST WITH DAILY LIVING ACTIVITIES

Name________________________________

PROCEDURE **Help a client groom hair**

EQUIPMENT

- Client's own comb and/or brush
- Hair pins, barrettes, rubber bands as needed

Did the student:	Yes	No
1. Wash hands	☐	☐
2. Remove any hair accessories from client's hair	☐	☐
3. Remove client's glasses	☐	☐
4. Comb small sections of hair at a time until all hair is combed	☐	☐
5. Brush hair if needed	☐	☐
6. Braid long hair	☐	☐
7. Wash hands	☐	☐
8. Use proper body mechanics	☐	☐

The student has satisfactorily completed the procedure "Help a Client Groom Hair" according to the steps outlined.

__________ ________________________
(Date) (Evaluator's Signature)

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(Evaluator's Position)

EVALUATION FORM 13

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Help a client shampoo hair in bed**

EQUIPMENT

- Shampoo
- 2 or more bath towels
- Shampoo basin
- Bed protector
- Pitcher of warm water
- Water thermometer
- Small pillow
- Client's own comb/brush
- Hair dryer

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Adjust bed height if possible		
4. Adjust water temperature		
5. Fill pitcher with water		
6. Place bed protector under client		
7. Cover client's shoulders with towel		
8. Comb client's hair		
9. Place pillow under client's shoulders		
10. Place shampoo basin under client's head		
11. Wet hair		
12. Apply shampoo		

Did the student:	Yes	No
13. Work up lather and massage scalp		
14. Rinse hair thoroughly		
15. Wrap client's hair in towel		
16. Remove basin		
17. Comb hair		
18. Dry hair		
19. Braid hair if needed		
20. Return equipment		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client Shampoo Hair in Bed" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 14

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name__________ ________________________________

PROCEDURE **Help a client shave in bed (safety razor)**

EQUIPMENT

- Mirror
- Safety razor
- Shaving cream
- Wet wash cloth
- Basin of warm water
- Water thermometer
- Aftershave lotion
- Towel
- Styptic pencil

Did the student:	Yes	No
1. Wash hands		
2. Prepare equipment		
3. Check water temperature		
4. Fill basin with water		
5. Position client		
6. Wrap towel around client's shoulders		
7. Wet client's face		
8. Apply shaving cream		
9. Leave cream on 2 minutes		
10. Use downward strokes to shave client's beard		
11. Rinse razor blade every 2 or 3 strokes		

Did the student:	Yes	No
12. Wipe client's face with wash cloth when finished		
13. Pat on aftershave		
14. Apply styptic pencil if needed		
15. Clean, store equipment		
16. Return client to reclining position		
17. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client Shave in Bed" (safety razor) according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

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EVALUATION FORM 15

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client to shave in bed (electric or battery-operated razor)**

EQUIPMENT

- Mirror
- Electric or battery-operated razor
- Wet wash cloth
- Basin of hot water
- Soap
- Preshave lotion
- Aftershave lotion
- Towel

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Adjust water temperature		
4. Fill basin with water		
5. Position client		
6. Wrap towel around client's shoulders		
7. Help client wash face		
8. Apply preshave to whiskers		
9. Turn on razor		
10. Use circular motions, shave client's beard, working downward		
11. Apply aftershave		
12. Store equipment		

Did the student:	Yes	No
13. Return client to reclining position		
14. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client Shave in Bed" (electric or battery-operated razor) according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 16 | **BASIC RESPITE CARE**
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Assist a client at mealtime**

EQUIPMENT

- Food
- Eating utensils, dishes
- Napkin
- Adaptive equipment as needed

Did the student:	Yes	No
1. Offer toileting to client		
2. Wash own hands		
3. Help wash client's hands		
4. Position client for meal		
5. Provide eating utensils, adaptive devices		
6. Place plate with main dish closest to client		
7. Arrange everything within client's reach		
8. Remove any covers; open any boxes		
9. Assist client as needed during meal		
10. Sit down and converse with client during meal		
11. Help client wash hands after eating		
12. Provide mouth care		
13. Store leftover food properly		

Did the student:	Yes	No
14. Wash and put away dishes		
15. Document client intake if needed		
16. Be patient		
17. Use proper body mechanics		

The student has satisfactorily completed the procedure "Assist a Client at Mealtime" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 17

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Feed a client**

EQUIPMENT

- Food
- Eating utensils, dishes
- Napkin
- Adaptive equipment as needed
- Towel or other protective covering for client, bed, floor

Did the student:	Yes	No
1. Wash hands		
2. Position client		
3. Put protective covering around client, area		
4. Help client wash hands		
5. Place food within client's sight (or describe it to a blind client)		
6. Sit close to client		
7. Talk with client during meal		
8. Avoid rushing through meal		
9. Avoid forcing client to eat		
10. Give manageable amounts in each bite		
11. Remove eating utensil without scraping client's teeth		
12. Keep client's face and hands clean		

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Did the student:	Yes	No
13. Remove dirty dishes as soon as client finished		
14. Help client wash hands		
15. Leave client in upright position for 30 minutes		
16. Store leftover food properly		
17. Wash and dry dishes		
18. Put away equipment		
19. Document client's intake if needed		
20. Be patient		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Feed a Client" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 18

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Help a client brush teeth**

EQUIPMENT

- Client's Toothbrush
- Toothpaste
- Emesis basin
- Water or antiseptic solution
- Clean disposable gloves
- Wash cloth
- Cup
- Towels
- Padded tongue depressor if needed
- Dental floss
- Flossing tool
- Lip lubricant if needed

Did the student:	Yes	No
1. Position client		
2. Wash hands		
3. Gather equipment		
4. Put on gloves		
5. Place towel across client's chest		
6. Help client turn head toward student		
7. Place emesis basin under client's chin		
8. Wet toothbrush		
9. Put toothpaste on toothbrush		
10. Hold cheek open with tongue depressor if needed		

Did the student:	Yes	No
11. Brush sides of a few teeth at a time, holding bristles at a 45° angle to gum line and using small, circular strokes		
12. Brush tops of teeth		
13. Repeat until all teeth have been brushed		
14. Lightly brush tongue		
15. Lightly brush gums		
16. Help client rinse mouth and spit excess water into emesis basin		
17. Remove emesis basin		
18. Dry client's mouth		
19. Floss client's teeth if needed		
20. Apply lip lubricant to client's lips		
21. Wash and sanitize emesis basin		
22. Store equipment		
23. Remove and discard gloves		
24. Provide for client comfort		

The student has satisfactorily completed the procedure "Help a Client Brush Teeth" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 19	**BASIC RESPITE CARE** **ASSIST WITH DAILY LIVING ACTIVITIES**

Name____

PROCEDURE **Help a client floss teeth**

EQUIPMENT

- Water or antiseptic solution
- Clean, disposable gloves
- Emesis basin
- Cup
- Towels
- Padded tongue depressor if needed
- Dental floss
- Flossing tool
- Lip lubricant

Did the student:	Yes	No
1. Position client		
2. Wash hands		
3. Gather equipment		
4. Put on gloves		
5. Place towel across client's chest		
6. Help client turn toward student		
7. Cut floss 15 to 18 inches long		
8. Put floss into flossing tool		
9. Guide floss between teeth, working from back of mouth to center		
10. Scrape edges of teeth, using an up-and-down motion		
11. Repeat until all teeth have been flossed		

Did the student:	Yes	No
12. Place emesis basin under client's chin		
13. Fill cup with water		
14. Help client rinse mouth and spit excess water into emesis basin		
15. Dry client's mouth		
16. Apply lip lubricant to client's lips if needed		
17. Wash, sanitize emesis basin		
18. Put equipment away		
19. Remove, discard gloves		
20. Provide for client's comfort		
21. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client Floss Teeth" according to the steps outlined.

(Date) (Evaluator's Signature)

(Evaluator's Position)

EVALUATION FORM 20

BASIC RESPITE CARE
ASSIST WITH DAILY LIVING ACTIVITIES

Name____

PROCEDURE **Help a client clean dentures or other intraoral appliances**

EQUIPMENT

- Clean disposable gloves
- Towels
- Denture cup
- Denture toothpaste
- Denture cleansing solution (optional)
- Toothbrush
- Gauze

Did the student:	Yes	No
1. Wash hands		
2. Gather equipment		
3. Put on gloves		
4. Spread towels around sink edge		
5. Fill denture cup with warm water		
6. Help client remove dentures		
7. Place dentures in denture cup		
8. Allow dentures to soak in cleansing solution		
9. Put denture toothpaste on toothbrush		
10. Brush dentures under running water		
11. Brush and floss any remaining teeth of client		
12. Brush client's gums and tongue		

Did the student:	Yes	No
13. Rinse client's mouth		
14. Return dentures to client, holding them uby a piece of gauze		
15. Put away equipment		
16. Remove, dispose of gloves		
17. Use proper body mechanics		

The student has satisfactorily completed the procedure "Help a Client Clean Dentures or Other Intraoral Appliances" according to the steps outlined.

(Date)

(Evaluator's Signature)

(Evaluator's Position)